

Temple Shir Shalom
Sisterhood



Name _____
Home # _____ Office # _____
Cell# _____ Email _____
Address _____
City _____ State _____ Zip _____
Birthday _____

My Areas of Interest: _____

I Can Help: _____

My Creative Skills: _____

Program Suggestion _____

Your Sisterhood Dues include membership in **Women of Reform Judaism WRJ** both national and District levels, and your ticket to our **Annual Paid-up Membership Event**. Membership dues are our primary source of funds for our many projects. Please consider the following levels of Chai contributions when writing your membership check. Thank you for your generous support.

Circle one:

- Sarah \$36.00
- Rebecca \$54.00
- Leah \$72.00
- Rachel \$108.00

Non-Members of Temple Shir Shalom add \$10.00 to the above categories
____ Additional Donation

Enclosed is my check for \$_____

Make checks payable to Sisterhood of Temple Shir Shalom; mail it with this form to:

**Sisterhood Treasurer
Temple Shir Shalom
3855 NW 8th Ave
Gainesville, FL 32605**