

Partnership Form

Valley Chabad is not a membership organization.

Valley Chabad is a connection and home for every person regardless of background, affiliation or financial ability. You, and partners like you, see the services and impact here at Valley Chabad and are responsible for making them possible through your financial support. It is because of you that no one is turned away.

Please consider becoming a partner or increasing your existing partnership so that we can continue saying "yes" to the great needs of our community. In order to leverage your support, we are excited to announce a few initiatives to enhance our partnerships and community-wide impact.

MATCHING GIFT CHALLENGE

We have received a generous match of \$10,000 for all INCREASED partnerships over the prior year. Whether you give a flat amount above last year's gift, or a monthly increase, your dollar will be DOUBLED, providing deeper support for our community.

THE VC SOCIETY

All generous partners receive the VC Newsletter featuring the impact of your support, and VC Society Partners are invited to an exclusive VC reception each spring.

NOTES:

All Levels of Partnership include your High Holiday Family Seats.
Employee matching gifts or family foundation support can be applied to your partnership.

Thank you, _____, _____, for being a partner.
FIRST NAME(S) LAST NAME

OPTION 1: INCREASE MY PARTNERSHIP BY...

- \$36/month \$100/month \$_____/month
 \$50/month \$150/month \$_____/flat amount
 \$75/month \$200/month

NOTE: Please feel free to call Rabbi Dov to verify your partnership level from last year.

OPTION 2: CONFIRM MY PARTNERSHIP

CLASSIC PARTNERS

- Associate - \$75/month
 Family - \$100/month
 Chai - \$150/month
 \$_____/month

VC SOCIETY PARTNERS

- Bronze - \$3,000+
 Silver - \$4,500+
 Gold - \$6,000+
 Ruby - \$9,000+
 Platinum - \$12,000+
 Diamond - \$24,000+

I WOULD LIKE MY PARTNERSHIP TO BE A:

- Monthly donation in 12 equal monthly installments
 Quarterly contribution
 One time gift

I WOULD LIKE TO PAY BY:

- Check (please enclose check made payable to Valley Chabad)
 My employer has a matching grant program. Please contact me.
 Credit Card — please complete the following:

Card Number _____ Exp. Date _____ CVV _____

Name on Card _____ Signature _____

Please complete billing address and other information on the reverse.

This form can also be completed online at ValleyChabad.org/Partnership.
Thank you for your support! All donations are tax deductible to the maximum amount allowed by law.

PERSONAL INFORMATION:

YOUR INFO:

Dr. Mr. Ms. Mrs.

First Name _____

Last Name _____

Mother's Hebrew Name _____

Father's Hebrew Name _____

Cohen Levi Israelite

DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Business Phone _____ Ext. _____

Email _____

Please add me to Chabad's email list

CHILDREN:

Name: _____ Jewish Name: _____ DOB: _____ Boy Girl

Name: _____ Jewish Name: _____ DOB: _____ Boy Girl

Name: _____ Jewish Name: _____ DOB: _____ Boy Girl

Yahrzeit Reminders:

Relationship: My... / My Spouse's... _____ (e.g., father, mother, sibling, etc.)

Jewish Name: _____ Parents' Jewish Names: Mother: _____ Father: _____

Date and time of Passing: _____ First and Last Name: _____

Send reminder Include in Memorial Book (\$18) Dedicate Holy Book(s) (\$45 ea.)

Relationship: My... / My Spouse's... _____ (e.g., father, mother, sibling, etc.)

Jewish Name: _____ Parents' Jewish Names: Mother: _____ Father: _____

Date and time of Passing: _____ First and Last Name: _____

Send reminder Include in Memorial Book (\$18) Dedicate Holy Book(s) (\$45 ea.)

Relationship: My... / My Spouse's... _____ (e.g., father, mother, sibling, etc.)

Jewish Name: _____ Parents' Jewish Names: Mother: _____ Father: _____

Date and time of Passing: _____ First and Last Name: _____

Send reminder Include in Memorial Book (\$18) Dedicate Holy Book(s) (\$45 ea.)

SPOUSE'S INFO:

Dr. Mr. Ms. Mrs.

First Name _____

Last Name _____

Mother's Hebrew Name _____

Father's Hebrew Name _____

Cohen Levi Israelite

DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Business Phone _____ Ext. _____

Email _____

Please add me to Chabad's email list