

**CONGREGATION B'NAI ISRAEL**  
**ANNUAL CONTRIBUTION REQUEST FORM**  
**July 1, 2019 – June 30, 2020**

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**

**We are unable to consider your application without answers to ALL of the following questions.**

**GENERAL INFORMATION:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Marital Status (circle one):    Married    Divorced    Widow(er)    Single

Have you previously requested an adjustment?    Yes\_\_\_\_\_    No\_\_\_\_\_

**DEPENDENT INFORMATION:**

**Attends Religious School?**

Name\_\_\_\_\_ Age\_\_\_\_\_ Yes\_\_\_\_\_ No\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Yes\_\_\_\_\_ No\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Yes\_\_\_\_\_ No\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Yes\_\_\_\_\_ No\_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Occupation and employer of each adult

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name

Occupation

Employer

**TOTAL HOUSEHOLD INCOME:** \_\_\_\_\_ Not split by person

**PLEASE EXPLAIN THE REASON FOR YOUR REQUEST AND PROVIDE AS MUCH INFORMATION AS POSSIBLE:**

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PAYMENT PLEDGE (please initial each)

\_\_\_\_\_ I/We confirm that I/We would like to be part of the CBI Community and I/we believe that due to our financial circumstances I/we currently require financial assistance from the members of the CBI Community,

\_\_\_\_\_ I/We understand and appreciate that this financial assistance will be provided from other members of the CBI Community.

\_\_\_\_\_ I/We also confirm that all of the information in this application is true

\_\_\_\_\_ In accepting financial assistance, I/we will consistently make agreed upon payments and if unable to abide by the schedule or terms I/we will contact the Financial Secretary immediately.

*The Financial Secretary will review this request and will respond as quickly as possible.*

**Thank you for your commitment and continued support of our community**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Congregation B'nai Israel, Financial Secretary, 2710 Park Avenue, Bridgeport, CT 06604

**To be completed by the Financial Secretary**

**Contacted congregant or reviewed file on:**

**Approved 2019-2020 dues adjustment to:**

**Additional comments:**

**Signed by Financial Secretary:**