



HEBREW EDUCATIONAL ALLIANCE

Phone 303/758-9400 • Fax 303/758-9500 • Preschool 303/758-1462
3600 South Ivanhoe Street, Denver CO 80237-1196
info@HEAdenver.org • www.HEAdenver.org

Dear Friend,

Thank you for considering membership at the Hebrew Educational Alliance. Although we are a large congregation, we see every member as precious, made in the image of God. Our Sages tell us, *kol yisrael arevim ze b'ze*, all of Israel is responsible for one another and we at the Alliance take these words very seriously. Becoming a member of the Alliance places you within our extended family. Jews have depended on each other for millennia, and we continue that tradition in our synagogue community.

As a Conservative congregation, we uphold the importance of Jewish tradition and Jewish law. At the same time, our approach is to meet every congregant wherever he/she happens to be in his/her level of Jewish knowledge and experience. God makes no distinctions amongst Jews and neither do we. Our goal is to encourage your religious and spiritual growth. We seek to provide many and varied experiences for you and your family to learn and practice our profound and beautiful religious traditions. Our "ideal" Jew is a searching and learning Jew.

You are welcome here and we cherish your presence.

B'shalom,



Rabbi Bruce Dollin





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Dear Friends,

Thank you for expressing interest in membership at the Hebrew Educational Alliance. The HEA has long been one of the major Jewish institutions in Colorado. Established over 75 years ago as a modern Orthodox congregation in West Denver, we moved some 12 years ago to our present location. We are a vibrant and thriving Conservative congregation with a membership of approximately 1000 families. We are one of the largest Conservative synagogues between the Mississippi and the West Coast, but still succeed in maintaining a warm and welcoming atmosphere. In fact, members will tell you that the synagogue is their second family.

We are extremely proud of our clergy. Rabbi Bruce Dollin and Cantor Martin Goldstein are considered to be among the top Jewish leaders in the Rocky Mountain region. We have recently welcomed Rabbi Salomon Gruenwald to be our Assistant Rabbi. We are fortunate to have a talented and dedicated staff of administrators, religious and preschool educators, youth leaders, and volunteer board and committee members. We offer our membership a multitude of services. These include daily *minyanim*, Shabbat and holiday services, education opportunities for all ages from preschool through seniors, youth programs in our unique Goldberger Youth Center, social activities, chavurot, and special events.

We welcome the active involvement and participation in the congregation by our entire membership. Feel free to contact me or our Executive Director, Neal Price if you need further information about the HEA. I hope to welcome you to the Alliance community and invite you to visit our congregation at any time, where it would be my pleasure to personally meet with you.

B'Shalom,

Rick Rubin

Rick J. Rubin
President



Hebrew Educational Alliance Membership Information

Date _____ **Adult 1** Male Female **Adult 2** Male Female

Name _____ Please Print

Last _____ First _____ MI _____
 Nickname _____ Mobile Phone _____
 Birth date _____ E-Mail _____
 Jewish by Birth Choice Not Jewish
 If Jewish by Choice Birth Choice Not Jewish
 Date of Conversion _____ Rabbi _____ Location _____
 Occupation _____ Work Phone _____
 Employer _____ Work Fax _____
 Do you have any physical restrictions or special needs? _____

Date of Marriage _____ **Emergency Contact** (not living with you): Name _____ Phone _____ Relation _____
 How do you want your mail addressed, e.g. Mr. & Mrs. Joe Cohen, Joe and Betty Cohen? _____
 Home Phone _____ Home Fax _____ City _____ State _____ Zip Code _____
 Address _____

Children Living with You

Name	Male	Female	Birth date	Current School & Grade
_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	<input type="radio"/>	<input type="radio"/>	_____	_____

Please list additional children on a separate piece of paper.

Areas of Interest

Adult 1	Adult 2	Adult 1	Adult 2	Adult 1	Adult 2
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEA monthly *Highlights* Newsletter—I would like to receive the newsletter by **email only** Adult 1 Adult 2 (If left unchecked you will receive the monthly newsletter in the mail.)
 HEA weekly *E-News Bulletin*—I would like to receive the weekly email news bulletin. Adult 1 Adult 2 (You can subscribe/unsubscribe to this any time by contacting our office.)

Relatives or Friends Who Are HEA Members

Friend(s) Name(s) _____
 Relative(s) Name(s) _____

The Hebrew Educational Alliance operates on a May 1–April 30 fiscal year. Dues, for those joining after the beginning of the fiscal year, will be prorated. For purposes of dues billing, all memberships run from May 1–April 30. Those joining during other months will have their dues prorated. All members are then billed for a new year on May 1. If you have financial concerns or questions, please contact our Executive Director, Neal Price at 303-758-9400 x204, nprice@headenver.org. Please submit this form and your check to the HEA. We welcome your membership in the Congregation Hebrew Educational Alliance.

SELECT ONE	<input type="radio"/> Rabbi's Circle	<input type="radio"/> Patron	<input type="radio"/> Chai	<input type="radio"/> Membership Plus	<input type="radio"/> Couple or Family	<input type="radio"/> Single	<input type="radio"/> Young Family (30 & Under)	<input type="radio"/> Young Single (30 & Under)	<input type="radio"/> Associate* (See Note)
YEARLY	\$11,650	\$6,600	\$4,725	\$3,450	\$2,025	\$1015	\$1,365	\$685	\$685

***Associate Membership** is open to members of other Denver synagogues and those not living in the Denver metropolitan area. This type of membership does NOT include High Holiday tickets, and children of Associate Members are NOT entitled to enroll in the Religious School or receive a *bar/bat mitzvah* date.

Three Ways to Receive a Dues Rebate: Due to the high cost of processing credit cards, the Finance Committee will provide a \$50 dues rebate for all two-adult memberships and a \$25 for all single-adult and all associate memberships. To receive your rebate, simply pay your dues by 1) check, 2) cash, or 3) EBT (electronic bank transfer.) For EBT, fill out and return the enclosed form. For credit card use, complete the information in the box below.

Dues are billed and may be paid on annual, semi-annual, quarterly, or monthly basis. My/our membership will be paid (select one)

- Annually Semi-annually Quarterly Monthly

The congregation requests that a first payment based on this schedule accompany this form. Amount enclosed \$ _____

Please bill my Visa MasterCard Discover

Number _____ Expiration Date _____

Name on Card _____ Security Code _____

Signature _____

Capital Campaign (see enclosed form)

When joining the Hebrew Educational Alliance, part of a member's financial obligation to the congregation is participation, to the best of one's ability, in the Capital Campaign. These funds were initially used exclusively to help pay for the building mortgage that was paid off in January 2006. Since this milestone, the HEA has been authorized by the Board of Directors to direct these funds toward building our new Rabbi Daniel and Ida Goldberger Youth Center at the Andie z"l and Katherine Merage Campus and any subsequent major repairs that the buildings might require. Enclosed is an information sheet about the Capital Campaign as well as a pledge form. Prior to returning your membership application, please take a few minutes to read this information, decide your level of pledge, and fill in and return the campaign form with your membership application. If you have any questions concerning the Capital Campaign, please contact Neal Price the Executive Director of the congregation at 303/758-9400 x 204. Thank you for your support of the Capital Campaign.

Rabbi's Circle membership \$11,650

- Annual Dues
- Reserved High Holy Days seats in the Sanctuary
- Reserved parking for the High Holy Days
- Admission for Fall Fundraising Event (to be announced)
- Admission to Spring 2008 Fundraising Event (to be announced)
- Sponsorship of all Purim bags
- Unlimited donation cards (in memory of, in honor of, etc.)
- Admission to all congregational events, i.e. Hanukkah and Purim dinners, luncheons, adult education classes, concerts, seder, etc.
- Sisterhood and Brotherhood membership
- Yizkor Book listings
- \$6,600 of contribution to be credited to Alliance Preschool to qualify for 50% Colorado Childcare Tax Credit.

Patron membership \$6,600

- Annual Dues
- Admission for Fall Fundraising Event (to be announced)
- Admission to Spring 2008 Fundraising Event (to be announced)
- Two reservations for Annual Dinner
- Sponsorship of all Purim bags
- Sisterhood and Brotherhood membership
- Yizkor Book listings
- \$2,650 of contribution to be credited to Alliance Preschool to qualify for Colorado Childcare Tax Credit

Chai membership \$4,725

- Annual Dues
- Two reservations for Annual Dinner
- Admission for Fall Fundraising Event (to be announced)
- Admission to Spring 2008 Fundraising Event (to be announced)
- Sponsorship of all Purim bags
- \$1,775 of contribution to be credited to Alliance Preschool to qualify for Colorado Childcare Tax Credit

Membership-Plus \$3,450

- Annual Dues
- Admission for Fall Fundraising Event (to be announced)
- Admission to Spring 2008 Fundraising Event (to be announced)
- Sponsorship of all Purim bags
- \$1,100 of contribution to be credited to Alliance Preschool to qualify for Colorado Childcare Tax Credit

On the following page is a brief summary of the Colorado Childcare Tax Credit for 2007
Colorado Childcare Tax Credit

Please note that the example below is for a Patron's \$2,650 Childcare Tax credit (balance of the \$6,250 contribution is tax deductible.) All other categories are comparably calculated at their appropriate level. For the example below, it is assumed that members in any other the four categories are in 35% tax bracket. (Please check with your account for your particular tax situation.)

<u>Preschool Donation</u>	<u>\$2,650</u>
Colorado State Income Tax Credit	\$1,325
Federal Tax Savings	\$ 465
<u>Colorado Income Tax Savings</u>	<u>\$ 125</u>
Returned to You at Tax Time	\$1,915

Net Cost of Your \$2,650 Preschool Contribution \$735

The Jewish Community Center, Yeshiva Toras Chaim, the Allied Jewish Federation and numerous other institutions in Colorado have used the above Child Care Contributions Credit program to raise funds for their institutions. If you or your advisor has any questions, please contact Neal Price who will be able to put you in touch with a qualified tax expert to further explain this provision of Colorado tax law.

Payment Election Form

Date _____

Name(s) _____

Phone Number (_____) _____

Our fiscal year begins May 1, 2008 and runs thru April 30, 2009. Please fill out all the information below and return to us **AS SOON AS POSSIBLE**.

CHOOSE ONE

- Yes, I want my dues rebate and will **pay by check**.
- Yes, I want my dues rebate and will pay by **automatic debit**. (Form Enclosed)

I wish to pay by **credit card**. Please fill out the information below. I understand that I **do not** qualify for a dues rebate.

Please check one: MasterCard Visa Discover

Number: _____

Expiration Date: _____ Security Code _____

Name on Card _____

Address to where the credit card is billed:

Street _____

City _____ State _____ Zip _____

Signature Of Card Holder: _____

BILLING OPTIONS

- I wish to keep my current billing mode.
- I wish to **change** my billing mode.
 - Our billing options are as follows. Please circle how you wish to be billed.
 - Yearly (Billed On May 1)
 - Semi-Annually (Billed on May 1 & November 1)
 - Quarterly (Billed on May 1, August 1, November 1 and February 1)
 - Monthly (Billed Monthly on the 1st day of the month)

Please note that Religious School Fees are normally billed during the months that the school is running.



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DIRECT DEBIT

We're pleased to offer you a new bill payment convenience — *Direct Debit*. Now, you can have your bill payment automatically debited from your checking or savings account. And, you don't have to change your present banking relationship to take advantage of this service.

Direct Debit will help you in many ways.

- ✓ Save time in writing checks.
- ✓ Saves money — no more postage, envelopes and trips to the post office.
- ✓ Eliminate the possibility of lost, stolen, or forged checks.
- ✓ Direct Debit ensures your payment is received on time.
- ✓ Direct Debit allows payments to be made when you're on vacation, sick, or away on business.

Here's how Direct Debit works:

On the date determined by you and the company offering the service, your payment will automatically be debited from the account you have authorized. The amount debited will appear on your monthly bank statement.

We believe you'll like the added convenience of having your Payment automatically withdrawn for you. Direct Debit is safe, convenient, and easy. To take advantage of this service, please complete the attached authorization form and return it to the Congregation Hebrew Educational Alliance.

The authorization form below gives the company offering this service and your financial institution the authority to debit your account. Simply complete the form to take advantage of Direct Debit.

1. Mark the account-type box to indicate from where your direct debit should be taken. Your checking or savings account.
2. Fill in your name, name and location of your financial institution, and the date.
3. Attach a **voided check** for verification of all financial institution information. If you're unable to attach a voided check, please fill in your transit/routing number and account number.
4. Be sure to sign the form!



CUSTOMER'S AGREEMENT — Please fill out the Agreement on the reverse side and return to the HEA.

CHILDREN THROUGH COLLEGE

1 Male Female

English Name _____

Hebrew Name _____

Date of Birth _____ Place of Birth _____

Jewish by Birth Yes No

If "No" Date of Conversion _____ Rabbi _____

Place of Conversion _____

2 Male Female

English Name _____

Hebrew Name _____

Date of Birth _____ Place of Birth _____

Jewish by Birth Yes No

If "No" Date of Conversion _____ Rabbi _____

Place of Conversion _____

3 Male Female

English Name _____

Hebrew Name _____

Date of Birth _____ Place of Birth _____

Jewish by Birth Yes No

If "No" Date of Conversion _____ Rabbi _____

Place of Conversion _____

4 Male Female

English Name _____

Hebrew Name _____

Date of Birth _____ Place of Birth _____

Jewish by Birth Yes No

If "No" Date of Conversion _____ Rabbi _____

Place of Conversion _____

5 Male Female

English Name _____

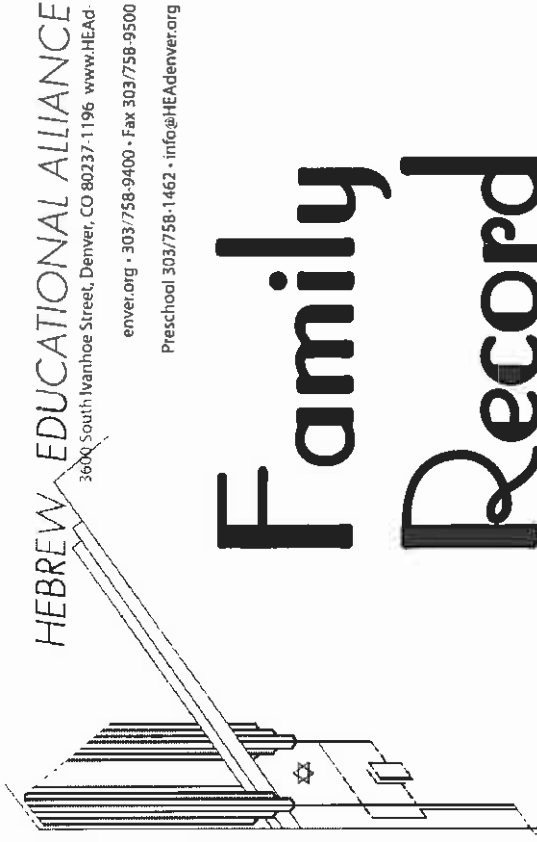
Hebrew Name _____

Date of Birth _____ Place of Birth _____

Jewish by Birth Yes No

If "No" Date of Conversion _____ Rabbi _____

Place of Conversion _____



Family Record

Name _____
 First _____ Last _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Date Joined HEA _____

Please attach a photo of yourself or family.

Previous Congregation _____ City _____ State _____

ADULT 1 Male Female (Please Print)

English Name _____

Hebrew Name _____

BIRTH _____

Date of Birth _____ Place of Birth _____

Check One Kohain Levi Israelite

Jewish by Birth Yes No

If "No" Date of Conversion _____ Rabbi _____

Place of Conversion _____

MARITAL STATUS

Single Widowed Divorced Married — date _____

FATHER

Father's English Name _____

Father's Hebrew Name _____

MOTHER

Mother's English Name _____

Mother's Hebrew Name _____

YAHZETI' (Please complete this information if you want to be notified.)

1 Relationship to Adult 1 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

2 Relationship to Adult 1 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

3 Relationship to Adult 1 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

4 Relationship to Adult 1 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after Sunset? Yes No

Place Buried _____

ADULT 2 Male Female (Please Print)

English Name _____

Hebrew Name _____

BIRTH _____

Date of Birth _____ Place of Birth _____

Check One Kohain Levi Israelite

Jewish by Birth Yes No

If "No" Date of Conversion _____ Rabbi _____

Place of Conversion _____

MARITAL STATUS

Single Widowed Divorced Married — date _____

FATHER

Father's English Name _____

Father's Hebrew Name _____

MOTHER

Mother's English Name _____

Mother's Hebrew Name _____

YAHZETI' (Please complete this information if you want to be notified.)

1 Relationship to Adult 2 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

2 Relationship to Adult 2 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

3 Relationship to Adult 2 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after Sunset? Yes No

Place Buried _____

4 Relationship to Adult 2 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after Sunset? Yes No

Place Buried _____