



**Sisterhood (Women of Reform Judaism)**

**Mission Statement**

To bring together the women of TDHS to serve our Temple, support our community and enrich our lives through Judaism, personal growth and friendship. We accomplish this mission through social and educational programs, fundraising, *mitzvah* projects, and involvement with Women of Reform Judaism. Our activities further our commitment to Jewish ideals, education, spirituality, social action and leadership development.

**Brotherhood (Men of Reform Judaism)**

**Mission Statement**

To build a spirit of friendship, fellowship, and community among our members. To strengthen the Jewish knowledge and commitment of our members. To espouse and embody the Jewish values of *Gemilut Chasadim* (acts of kindness), *Tzedakah* (charity), and *Tikkun Olam* (healing the world.) To help plan, participate in, and support events, activities, and programs of and for the benefit of TDHS and of the Greater Seattle Jewish community.

**Sisterhood Membership Levels\***

- \$54 *Chavera* (Friend)
- \$108 *Chesed* (Generosity)
- \$180 *Chai* (Life-giving)

\*Sisterhood membership automatically included in \$6,000 Giving Circle level and up.

Questions? Email [sisterhood@tdhs-nw.org](mailto:sisterhood@tdhs-nw.org).

**Brotherhood Membership Level\***

- \$36

\*Brotherhood membership automatically included in \$6,000 Giving Circle level and up.

Questions? Email [brotherhood@tdhs-nw.org](mailto:brotherhood@tdhs-nw.org).

If you were a Sisterhood or Brotherhood member last year, you will automatically remain active, and you will be billed at this year's standard rate, unless you contact the Temple office to cancel; please contact Jennifer Gould at [jgould@tdhs-nw.org](mailto:jgould@tdhs-nw.org) or 206.693.3371.

**Contact Information**

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Information**

**Credit Card**

Please Check One:  Visa  Mastercard  Discover  American Express

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Please also include the credit card processing fee (approximately 3%).

**Check enclosed (make payable to Temple De Hirsch Sinai).**

**Bill my Temple account (charges to appear on your September statement).**