

Alfred Baker Fonds

Correspondence - General

Congregation Emanu-El B'nai  
Teshurun 1994

QUEEN'S UNIVERSITY ARCHIVES	
LOCATOR	5095.5
BOX	7
FILE	12



ALFRED BADER FINE ARTS

DR. ALFRED BADER

ESTABLISHED 1961

November 9, 1994

Mr. Michael J. Fefferman  
Administrator/Educator  
Congregation Emanu-El B'ne Jeshurun  
2419 East Kenwood Blvd.  
Milwaukee, Wisconsin 53211

Dear Mike:

I am sorry that a long trip has delayed my replying to your letter of October 10th, stating that the board of the congregation has decided that my dues should be increased very substantially.

Mike, you know that I so enjoyed teaching at Emanu-El for 32 years, and I have retained my membership only because of my affection for you and school.

Isabel and I belong to two traditional synagogues and pray at Lake Park.

Under the circumstances, I don't think that it makes sense to retain my membership and hereby give you my resignation.

I do hope that you will understand.

All good wishes.

Sincerely,

(Dictated by Dr. Bader and  
signed in his absence)

*By Appointment Only*  
ASTOR HOTEL SUITE 622  
924 EAST JUNEAU AVENUE  
MILWAUKEE WISCONSIN USA 53202  
TEL 414 277-0730 FAX 414 277-0709



2419 E. Kenwood Boulevard • P. O. Box 11889 • Milwaukee, WI 53211-0889  
Telephone: (414) 964-4100 • Fax: (414) 964-6136

October 10, 1994

Dr. and Mrs. Alfred Bader  
2961 N. Shepard Avenue  
Milwaukee, WI 53211-3435

Dear Isabel and Alfred,

The Board of Trustees periodically reviews the dues classification rates of all of our members. This is done to assure the continued support of our congregation's religious and educational programs, as well as the basic cost of operation.

On behalf of the Board, I am writing to ask you to place yourself in the proper category.

Enclosed you will find the information to help you select the appropriate dues level. Please fill out the form and return it to the office. If you would like further information or have any questions, please do not hesitate to contact me at 964-4100.

On behalf of the Congregation, thank you for your continued support.

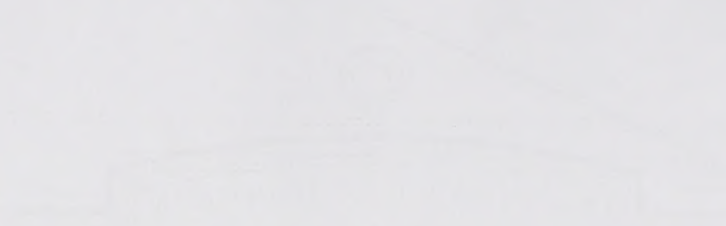
Cordially,

A handwritten signature in cursive script, appearing to read "Mike".

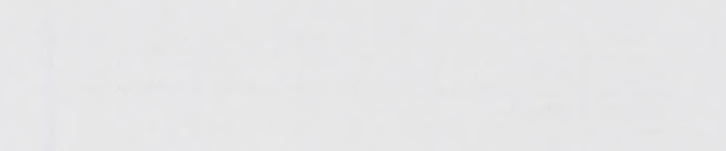
Michael K. Fefferman, R.J.E.  
Administrator/Educator

enc.

MKF/km



FOX RIVER BRIDGE  
MICHIGAN



1885

2419 East Kenwood Blvd.  
Milwaukee, Wisconsin 53211  
414 / 964-4100



## Congregation Emanu-El B'ne Jeshurun

PAYMENT DUE UPON RECEIPT.

STATEMENT DATE: 10/03/94  
ACCOUNT NO: 121100

Dr. & Mrs. Alfred R. Bader  
2961 N. Shepard Avenue  
Milwaukee, WI 53211-3435

ANNUAL DUES: 509.00

SEND ALL REMITTANCES TO:

Congregation Emanu-El B'ne Jeshurun  
MB Unit #9355  
MILWAUKEE, WI 53288  
BIN #480

MILWAUKEE, WI 53288  
STATEMENT DATE: 10/03/94  
ACCOUNT NO: 121100

Bader

### STATEMENT

AMOUNT OF PAYMENT \$

CHARGE DATE	DESCRIPTION OF CHARGE	AMOUNT	PAID TO DATE	BALANCE DUE
04/01/94	PREPAID DUES	-42.42	-42.42	0.00
07/01/94-09/30/94	MEMBERSHIP DUES	127.25	127.25	0.00
07/05/94	**Brotherhood Dues**	25.00	25.00	0.00
08/16/94	PREPAID DUES	-399.17	-399.17	0.00
10/01/94-12/31/94	MEMBERSHIP DUES	127.25	127.25	0.00
10/03/94	PREPAID DUES	-271.92	0.00	-271.92
10/03/94	**A.R.Z.A.-- Optional**	25.00	0.00	25.00
CREDIT BALANCE:				-246.92

CD.	CHARGE DATE	BALANCE DUE
10	04/01/94	0.00
01	07/01/94	0.00
91	07/05/94	0.00
10	08/16/94	0.00
01	10/01/94	0.00
10	10/03/94	-271.92
27	10/03/94	25.00
-----		-246.92

WE NOW ACCEPT MASTERCARD AND VISA - JUST CALL 964-4100

OPTIONAL- Please deduct \$25 if you choose not to join A.R.Z.A.

CURRENT QUARTER	PAST DUE		DELINQUENT		
	LAST QUARTER	2-QUARTERS	3-QUARTERS		
-246.92	0.00	0.00	0.00	0.00	0.00

**KEEP THIS PORTION  
FOR YOUR RECORDS**

**PLEASE RETURN THIS  
PORTION WITH YOUR  
REMITTANCE**



## GUIDE FOR FAIR SHARE DUES CLASSIFICATION

This guide is designed to allow each member to support the synagogue's operating budget based on his or her ability.

Gross Annual Income (From all Sources)	Annual Dues	Check the Correct Category (X)
At least \$9,000	\$150*	
\$9,001 to \$12,500	\$210	
\$12,501 to \$15,000	\$300	
\$15,001 to \$17,500	\$375	
\$17,501 to \$20,000	\$450	
\$20,001 to \$25,000	\$550	
\$25,001 to \$30,000	\$650	
\$30,001 to \$35,000	\$725	
\$35,001 to \$40,000	\$800	
\$40,001 to \$45,000	\$875	
\$45,001 to \$50,000	\$1,000	
\$50,001 to \$60,000	\$1,100	
\$60,001 to \$70,000	\$1,250	
\$70,001 to \$80,000	\$1,450	
\$80,001 to \$90,000	\$1,650	
\$90,001 to \$100,000	\$1,750	
\$100,001 to \$115,000	\$2,000	
\$115,001 to \$130,000	\$2,200	
\$130,001 to \$150,000	\$2,400	
\$150,001 to \$175,000	\$2,550	
Over \$175,000	\$2,700	

\*Or by arrangement.

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date Form Completed \_\_\_\_\_

Return to: Congregation Emanu-El B'ne Jeshurun, P.O. Box 11889, Milwaukee, WI 53211-0889

Form #12 (7/93)

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**About our Contribution Funds**

**Congregation Emanu-El B'ne Jeshurun**

Post Office Box 11889 — Milwaukee, WI 53211-0889  
414/964-4100

**Packets of 5 contribution acknowledgement cards (for \$20) are available for the congregational funds listed on this sheet by calling one of these volunteer members:**

- |                 |                     |   |
|-----------------|---------------------|---|
| <b>351-2837</b> | <b>Addie Tarkow</b> | — 500 W. Bradley Road #308A, Milwaukee WI 53217 |
| <b>352-6334</b> | <b>Jacque Wolf</b>  | — 9029 N. King Road, Milwaukee WI 53217         |

To have the main office send out individual contribution acknowledgement cards, please complete the information on this form and mail it with your check to the congregation at the address above. Please note that except where specified below, there is a \$5 minimum for each acknowledgement card sent.

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Education Enrichment Fund                              | <input type="checkbox"/> Rabbi Dudley Weinberg Library Fund                          |
| <input type="checkbox"/> Cantor Sol Altschuller Music Fund                            | <input type="checkbox"/> Passport to Israel Fund                                     |
| <input type="checkbox"/> Rabbi Joseph L. Baron Memorial Museum Fund                   | <input type="checkbox"/> Hyman E. Padway & Frieda Rosner Padway Memorial Lectureship |
| <input type="checkbox"/> Bible & Prayerbook Fund                                      | <input type="checkbox"/> Rabbi Silberg's Torah Fund                                  |
| (\$16.50/Gates of Prayer; \$13/Haggadah;<br>\$20.00/Gates of Repentance; \$20/Tanakh) | <input type="checkbox"/> Social Justice Fund   |
| <input type="checkbox"/> Kenneth H. Cooper Memorial Fund                              | <input type="checkbox"/> Soviet Jewry Fund   |
| <input type="checkbox"/> Education & Scholarship Fund                                 | <input type="checkbox"/> Alvin Stein Special Youth Fund                              |
| <input type="checkbox"/> Endowment Fund   | <input type="checkbox"/> Victor Stein Rabbinic Fund                                  |
| <input type="checkbox"/> Family Programs Fund   | <input type="checkbox"/> Rabbi Dudley Weinberg Scholar-in-Residence Fund             |
| <input type="checkbox"/> Food Bank Fund   | <input type="checkbox"/> Beth Wynn College Outreach Fund                             |

- Bernice Gratch Young Children's Reading Section
- Dr. Paul & Ann Guten Memorial Fund
- Heritage Fund
- Emil & Mary Hersh Special Activities Fund
- Rabbi Samuel Hirshberg Memorial Fund
- Bonnie Joseph Women's Forum Fund
- Lawrence S. Katz Interfaith Fund
- Sidney & Dorothy Kohl Fund
- Library Bookplate Fund ( \$10/book)

**Sisterhood Funds**

*Make check payable to Sisterhood and mail to:*

- Sisterhood Braille Fund - *Connie Brickman*  
7238 N. Barnett Lane, Milwaukee 53217
- Sisterhood Floral Fund - *Connie Brickman*  
7238 N. Barnett Lane, Milwaukee 53217
- Betty Siegel Memorial Fund - *Jean Yagobian*  
8842 W. Herbert Avenue, Milwaukee 53225

**Brotherhood Fund**

*Make check payable to J.C.S. and mail to*

- Jewish Chautauqua Society - *Mel Sinykin*  
4900 N. Wildwood Ave., 53217

Enclosed is a contribution for the fund checked above, in the amount of \$ \_\_\_\_\_

Circle In honor of  
One In memory of \_\_\_\_\_

(Please Print)

Send acknowledgement card to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Sign donor's name on the card as follows \_\_\_\_\_

Donor's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Check here if donor does not wish to see donation listed in the Bulletin.

Form #70 (8/94)

