

**Commitment Form 2009**  
**SOPHIA GARDEN AT QUEEN OF THE ROSARY**

Name \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

I commit myself as a member of the Community Supported Garden at Queen of the Rosary by sharing the economic responsibilities as well as the bounty of vegetables from this garden. I understand that the farmer is committed, to the best of his/her ability with nature's and the community's help, to grow produce using organic methods. I understand this is a community-supported effort and I agree to make the contribution listed below aware of the risks involved in the success or failure of the garden due to crop difficulties, etc. I am also aware that because I will receive value through the produce this is not a deductible contribution. **I also agree to share a minimum of 15 hours of my time in or for the Garden unless I choose to pay an additional fee. Please do not detach any part of this sheet even if some parts do not relate to you.**

**At Sophia Garden there are three options: Please check option 1, 2 or 3.**

- 1. A full share, which means you pick up every week and pay \$700
- 2. A half-share, which means you pick up every other week and pay \$350.
- 3. Sharing a full share, which means you pick up every week but share with another family and you each pay \$350. **Each person must fill out commitment form**

**Please fill out the option that applies to you. If you are sharing a full share with another family, we ask that each family fill out the commitment form.**

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**Option One: Full share**

I commit myself to a contribution of \$700 and understand that I will pick up organic vegetables weekly from June through October at Sophia Garden.

1. Payment options.

- 1.  I am enclosing the full contribution of \$700
- 2.  I am enclosing a partial contribution of \$350 with the remainder to be given on March 15th.
- I am enclosing an additional \$100 since I will not be giving 15 hours of my time in the Garden.

2. Giving.

- I am enclosing a voluntary contribution of \$\_\_\_\_\_ toward making the fruits of the Garden available to those with less resources

3. Choose pick-up day.

My choice for pickup day is **Monday**  **Thursday**

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

**PLEASE MAKE CHECKS PAYABLE TO:** Sisters of St. Dominic. Send to: Sophia Garden, Queen of the Rosary, 555 Albany Ave., Amityville, N.Y. 11701.

**Option Two: Half-Share** (Picking up every other week. Not Sharing with anyone)

I commit myself to a contribution of \$350 and understand that I will pick up organic vegetables (and eggs if I ordered them) weekly from June through October at Sophia Garden.

1. Payment options.

1.  I am enclosing the full contribution of \$350
2.  I am enclosing a partial contribution of \$175 with the remainder to be given on March 15th.
- I am enclosing an additional \$100 since I will not be giving 15 hours of my time in the Garden.

2. Giving.

- I am enclosing a voluntary contribution of \$\_\_\_\_\_toward making the fruits of the Garden available to those with less resources

3. Choose pick-up day.

My choice for pickup day is **Monday**  **Thursday**

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

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**Option Three: Sharing A Full Share** (Picking up Every Week but sharing with another family. Each family pays \$350 and each family fills out commitment form.)

I commit myself to a contribution of \$350 and understand that I will pick up organic vegetables weekly from June through October and share that full share with:

Name of person with whom you are sharing: \_\_\_\_\_.

1. Payment options.

1.  I am enclosing the full contribution of \$350
2.  I am enclosing a partial contribution of \$175 with the remainder to be given on March 15th.
- I am enclosing an additional \$100 since I will not be giving 15 hours of my time in the Garden.

2. Giving.

- I am enclosing a voluntary contribution of \$\_\_\_\_\_toward making the fruits of the Garden available to those with less resources

3. Choose pick-up day.

My choice for pickup day is **Monday**  **Thursday**

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

**PLEASE MAKE CHECKS PAYABLE TO:** Sisters of St. Dominic. Send to: Sophia Garden, Queen of the Rosary, 555 Albany Ave., Amityville, N.Y. 11701.