



Name: \_\_\_\_\_ **Single/Couple 30-35**

## Reform Congregation Keneseth Israel Membership 2021-2022

KI is strong because of your commitment and generosity.  
Thank you for your tax deductible, charitable contribution.

If you are experiencing financial hardships please contact Brian Rissinger, Executive Director, at (215) 887-8700.

**Membership** - select one  or X

**Single 30-35:** \$400 \_\_\_\_\_  
**Couple 30-35:** \$800 \_\_\_\_\_

**Voluntary Contributions - please pay in full:** Select those groups you would like to support with a  or X

- Sisterhood/WRJ \$40 \_\_\_\_\_
- ARZA \$50 \_\_\_\_\_
- King David Harp Society Membership \$36 \_\_\_\_\_
- Temple Judea Museum Friend \$36\_\_ \$90\_\_ \$180 \_\_\_\_\_
- Adult Education Tuition \$60/pp \_\_\_\_\_

**Total Contribution** \$ \_\_\_\_\_

Payment Plans – select one  or X

- OPTION A \_\_\_\_\_ We will pay in full now.  
OPTION B \_\_\_\_\_ Please bill in monthly installments beginning this month.

Payment Options – select one  or X

- \_\_\_\_ Enclosed is a check made payable to Keneseth Israel.  
\_\_\_\_ I/we will be paying with securities.  
\_\_\_\_ I authorize my \_\_\_VISA \_\_\_MASTERCARD to be billed in accordance with the payment plan selected above.

A 2.5% fee will be automatically added to these credit card transactions.

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV2 # \_\_\_\_\_

Name on Card \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN THIS FORM TO [CONTACT@KENESETHISRAEL.ORG](mailto:CONTACT@KENESETHISRAEL.ORG) OR**

**8339 OLD YORK RD. ELKINS PARK, PA 19027 BY JULY 31, 2021**

For questions contact Kelly Sussman, accounts receivable or Brian Rissinger, Executive Director 215-887-8700

For office use only: Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Initials \_\_\_\_\_