



Name: _____ Associate Couple

Reform Congregation Keneseth Israel Membership 2021-2022

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

Membership - select one ☒ or X

Rabbi's Circle Membership (Receives recognition & special event invitations throughout the year)

Ner Tamid (Eternal Light):	\$5,000	_____
Tefillah (Prayer):	\$3,800	_____
Mitzvah (Commandment):	\$2,200	_____
Bracha (Blessing):	\$1,800	_____

Associate Couple: \$1,500 _____

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 | \$120/family | _____ |

Total Contribution \$ _____

Payment Plans – select one ☒ or X

- OPTION A _____ We will pay in full now
OPTION B _____ Please bill us 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 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 _____