



Name: \_\_\_\_\_ **Single**

## 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):	\$6,000	_____
Tefillah (Prayer):	\$4,600	_____
Mitzvah (Commandment):	\$3,200	_____
Bracha (Blessing):	\$2,100	_____

**Single Membership:** \$1,800 \_\_\_\_\_

**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/single \_\_\_\_\_

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

Payment Plans – select one  or X

OPTION A \_\_\_\_\_ I will pay in full now.

OPTION B \_\_\_\_\_ Please bill me 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 \_\_\_\_\_ CV2 # \_\_\_\_\_

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 \_\_\_\_\_