



Name: _____ Associate Single

Reform Congregation Keneseth Israel Membership 2023-2024

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):	\$3,000	_____
Tefillah (Prayer):	\$2,200	_____
Mitzvah (Commandment):	\$1,400	_____
Bracha (Blessing):	\$1,100	_____

Associate Single: \$900 _____

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 \$75/single _____
- Preschool Supporter \$500 _____
- JQuest/Quest Noar (Religious School) Supporter \$500 _____

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 3% 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 OR

8339 OLD YORK RD. ELKINS PARK, PA 19027 BY AUGUST 8, 2022

For questions contact Carol Cooter, accounts receivable or Brian Rissinger, Executive Director 215-887-8700

For office use only:

Date Received _____

Date Entered _____

Initials _____