



Name: _____ **Single/Couple Under 30**

Reform Congregation Keneseth Israel Membership 2023-2024

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 Under 30: \$250 _____
Couple Under 30: \$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 \$75/pp _____
- Preschool Supporter \$500 _____
- JQuest/Quest Noar (Religious School) Supporter \$500 _____

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 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, 2023

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

For office use only: Date Received _____ Date Entered _____ Initials _____