



Name: _____

Couple/Family

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): | \$10,000 | _____ |
| Tefillah (Prayer): | \$7,500 | _____ |
| Mitzvah (Commandment): | \$4,500 | _____ |
| Bracha (Blessing): | \$3,700 | _____ |

Family Membership: \$3,000 _____

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 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 3% 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 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 _____