



Name: _____ **Special Single/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.

We have billed your account at the level you made arrangements for last year. If you are able to increase your contribution, we would greatly appreciate it.

Standard Single Membership: \$1,800 _____
Standard 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, 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 _____