



Name: _____ Single/Couple 30-35

Reform Congregation Keneseth Israel Membership 2024-2025

KI is strong because of your commitment and generosity.
Thank you for your tax deductible, charitable contribution.

Membership - select one or X

Single 30-35: \$400 _____
Couple 30-35: \$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 \$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**

For questions contact Brian Rissinger, Executive Director 215-887-8700 or BRissinger@KenesethIsrael.org

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