



Name: \_\_\_\_\_ **Single/Couple Under 30**

## 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 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](mailto: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](mailto:BRissinger@KenesethIsrael.org)

For office use only: Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Initials \_\_\_\_\_