

Name:	Special Single/Family
Name	special siligle/ raililly

## **Reform Congregation Keneseth Israel** Membership 2025-2026

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

	ann you for your tax academs	ic, chartable contribution	
Special Me	mbership is for those in need of	a reduced membership cor	ntribution.
If you are experi	encing financial hardships please	<del>-</del>	cutive Director,
	at (215) 887-8700 or BRissing	ger@KenesethIsrael.org	
andard Single Membership:		\$1,900	
andard Family Memberships		\$3,200	
uxiliary Contributions - pleas	se pay in full: Select those group	os you would like to support	
Adult Education Tuit	ion	\$75/pp	
	m Zionists of America (ARZA) al: At your discretion	\$50 \$	<u> </u>
	(Religious School) Supporter	\$500	
<ul> <li>King David Harp Soc</li> </ul>	iety Membership	\$36	
<ul> <li>Preschool Supporte</li> </ul>	r	\$500	
<ul> <li>Sisterhood/WKI</li> </ul>		\$40	
Temple Judea Muse	um Friend	\$36\$90\$180	<u> </u>
tal Contribution		\$	_
yment Options – select <b>one</b>	<u>below</u>		
I/We will: Pay in full	Pay by enclosed check	Pay by Credit Card	Pay with Securities
(Note: A 3% fee will be autor	MASTERCARD to be charged matically added to credit card tra	nsactions)	·
(last payment no later than 6	/30/26)		
rd#	Ехр	. Date	CVV#
me on Card:			
y:	State:	Zip Code:	
nature:			<del></del>
· · · · · · · · · · · · · · · · · · ·	ND RETURN THIS FORM: to CO 8339 OLD YORK ROAD, ELKIN		
	ın Rissinger, Executive Directo		
•	++++++++++++++++++++++++++++++++++++++		
FOR OFFICE USE ON	ILY: Initials Date E	ntered Amount \$	atad.

FOR OFFICE USE ONLY: Initials	Date Entered	Amount \$
Payment Type: (Circle one) BILLED	ACH CC ONLINE CHECK#	Check Dated: