



Name: _____ Associate Membership

Reform Congregation Keneseth Israel

Annual Commitment 2025-2026

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

Associate Membership is for those who live outside the Delaware Valley of PA.

Membership - select one

Associate Membership (Per Person):

1 at \$900 _____ 2 at \$1,800 _____

Rabbi's Circle Membership (Receives special communications and event invitations throughout the year)

Ner Tamid (Eternal Light):	\$3,000	_____
Tefillah (Prayer):	\$2,200	_____
Mitzvah (Commandment):	\$1,500	_____
Bracha (Blessing):	\$700	_____

Auxiliary Contributions - please pay in full: *Select those groups you would like to support*

- Adult Education Tuition \$75/pp _____
- Association of Reform Zionists of America (ARZA) \$50 _____
- High Holy Day Appeal: At your discretion \$ _____
- JQuest/Quest Noar (Religious School) Supporter \$500 _____
- King David Harp Society Membership \$36 _____
- Preschool Supporter \$500 _____
- Sisterhood/WKI \$40 _____
- Temple Judea Museum Friend \$36__ \$90__ \$180 _____

Total Contribution

\$ _____

Payment Options – select **one** below

____ I/We will: Pay in full _____ Pay by enclosed check _____ Pay by Credit Card _____ Pay with Securities _____

____ I authorize my _____ VISA _____ MASTERCARD to be charged in accordance with the payment plan selected below

(Note: A 3% fee will be automatically added to credit card transactions)

____ **Installment Schedule** _____ Payment in full _____ in monthly installments (circle one: 2 6 10 12)

(last payment no later than 6/30/26)

Card# _____ Exp. Date _____ CVV# _____

Name on Card: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

SCAN AND RETURN THIS FORM: to CONTACT@KENESETHISRAEL.ORG
OR MAIL TO: 8339 OLD YORK ROAD, ELKINS PARK, PA 19027 by August 15, 2025

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

FOR OFFICE USE ONLY: Initials _____ Date Entered _____ Amount \$ _____

Payment Type: (Circle one) BILLED ACH CC ONLINE CHECK# _____ Check Dated: _____