



Name: _____

Couple/Family

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.

Membership - select one

Couple/Family Membership: \$3,200 _____

Rabbi's Circle: Additional Contribution (Receives special communications and event invitations throughout the year)

Ner Tamid (Eternal Light):	\$7,000 _____
Tefillah (Prayer):	\$4,500 _____
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: _____