Name:_____ Single

Reform Congregation Keneseth Israel
Annual Commitment 2026-2027

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

Membership - select one

Single Membership: $1,950 _____

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 Supporter $50__ $100___ $200 _____

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 6/30/27)

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 14, 2026

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

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