Name:_____ **Single/Couple 30-35**

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 -

Single 30-35:	$400	_____
Couple 30-35:	$800	_____

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: _____