



Name: _____ Special Single/Family

Reform Congregation Keneseth Israel Membership 2026-2027

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

Special Membership is for those in need of a reduced membership contribution.

If you are experiencing financial hardships please contact Brian Rissinger, Executive Director,
at (215) 887-8700 or BRissinger@KenesethIsrael.org

Standard Single Membership: \$1,950 _____
Standard Family Membership: \$3,300 _____

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: _____