



Name: _____ Associate Membership

Reform Congregation Keneseth Israel Membership 2024-2025

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 of the Delaware Valley of PA.

Membership - select one or X

Rabbi's Circle Membership (Per Person, Receives recognition & special event invitations throughout the year)

Ner Tamid (Eternal Light):	\$3,000	_____
Tefillah (Prayer):	\$2,200	_____
Mitzvah (Commandment):	\$1,600	_____
Bracha (Blessing):	\$1,200	_____

Associate Membership (Per Person): \$900 _____

Voluntary Contributions - please pay in full: Select those groups you would like to support with a or X

- Sisterhood/WRJ \$40 _____
- ARZA \$50 _____
- King David Harp Society Membership \$36 _____
- Temple Judea Museum Friend \$36__ \$90__ \$180 _____
- Adult Education Tuition \$75/single _____
- Preschool Supporter \$500 _____
- JQuest/Quest Noar (Religious School) Supporter \$500 _____

Total Contribution \$ _____

Payment Plans – select one or X

- OPTION A _____ I will pay in full now.
 OPTION B _____ Please bill me in monthly installments beginning this month.

Payment Options – select one or X

- _____ Enclosed is a check made payable to Keneseth Israel.
 _____ I/we will be paying with securities.
 _____ I authorize my ___VISA ___MASTERCARD to be billed in accordance with the payment plan selected above.
 A 3% fee will be automatically added to these credit card transactions.

Card # _____ Exp. Date _____ CVV2 # _____

Name on Card _____ Address _____

City _____ State _____ Zip Code _____

Signature _____

RETURN THIS FORM TO CONTACT@KENESETHISRAEL.ORG OR

8339 OLD YORK RD. ELKINS PARK, PA 19027

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

For office use only (rev 6/20/24): Date Received _____ Date Entered _____ Initials _____