



Name: \_\_\_\_\_

Couple/Family

## Reform Congregation Keneseth Israel Membership 2024-2025

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

**Membership** - select one  or X

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

Ner Tamid (Eternal Light):	\$10,200	_____
Tefillah (Prayer):	\$7,700	_____
Mitzvah (Commandment):	\$4,700	_____
Bracha (Blessing):	\$3,900	_____

**Couple/Family Membership:** \$3,200 \_\_\_\_\_

**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/pp \_\_\_\_\_
- Preschool Supporter \$500 \_\_\_\_\_
- JQuest/Quest Noar (Religious School) Supporter \$500 \_\_\_\_\_

**Total Contribution** \$ \_\_\_\_\_

Payment Plans – select one  or X

- OPTION A \_\_\_\_\_ We will pay in full now.  
 OPTION B \_\_\_\_\_ Please bill us 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](mailto: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](mailto:BRissinger@KenesethIsrael.org)

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