



Name: \_\_\_\_\_ **Special Single/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.

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

**Standard Single Membership:** \$1,900 \_\_\_\_\_  
**Standard 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

For office use only: Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Initials \_\_\_\_\_