

Name: _____

Address: _____

Telephone: _____ Email: _____

Committee Use Only

Check Amount: \$ _____

Check Number: _____

Date Received: _____

**PLEASE MAKE CHECK PAYABLE TO: CONGREGATION KNESETH ISRAEL or
CALL THE OFFICE TO CHARGE BY CREDIT CARD Tel: 410-263-3924 x 0; or use form on back
and mail or scan to KI;**

You can pay on-line with PAYPAL located on KI Website: www.knesethisrael.org

Email: congknesethisrael@gmail.com

Mail to: Congregation Kneseth Israel, 1125 Spa Road, Annapolis, MD 21403, Prior to August 24,
2018.

Thank you!

**Please list full names and ages of children requiring babysitting and/or junior
congregation:**

Please list any additional seating requests:



() VISA

() MASTERCARD

PLEASE CHECK ONE

CARD NUMBER: _____ - _____ - _____ - _____ EXP. DATE _____ / _____

AMOUNT PAID: \$ _____

NAME: _____

ADDRESS: _____

PHONE: () _____