

Holocaust Museum

Center for **Tolerance and Education**

Yes, I would like to support the important work of the Museum with a tax-deductible contribution of:

\$5,000

\$3,600

\$1,800

\$1,000

\$750

\$500

\$250

\$180

OTHER \$ _____

NAME

ADDRESS

HOME PHONE

CELL PHONE

EMAIL

CREDIT CARD NUMBER

EXPIRATION

CCV

DATE

NAME ON CARD

Enclosed is my check for \$_____ Payable to Holocaust Museum & Center for Tolerance and Education

Please charge my credit card for the amount above: MC VISA AMEX