

DONOR INFORMATION

Donor Name

Address

City

State

Zip Code

Email Address

Primary Phone

Please list your name(s) as you would like it to appear in recognition materials.*

GIFT TYPE: General Donation Tribute Gift Other _____

GIFT AMOUNT: \$18 \$50 \$100 \$150 \$250 \$500 \$1,000 \$ _____

*Donations of \$250 or more will be recognized in the Annual Report. I wish to remain anonymous in the Annual Report.

TRIBUTE GIFT INFORMATION

In honor of _____ In memory of _____

Send an acknowledgment card to:

Name

Address

City

State

Zip Code

Please indicate any special message and/or how you would like the tribute card to be signed:

PAYMENT

CHECK Total \$ _____ payable to Illinois Holocaust Museum & Education Center

CREDIT CARD Total \$ _____ American Express MasterCard Visa Discover

Credit Card Number

Expiration Date MM/YY

Signature

Name on Card

INSTRUCTIONS

MAIL Illinois Holocaust Museum & Education Center
9603 Woods Drive, Skokie, IL 60077

PHONE Call the Development Office at 847.967.4821
with your credit card order

FAX Fax your credit card order to 847.967.4878

ONLINE Email your credit card order to donate@ilhmec.org or
visit ilholocaustmuseum.org/donate

Your donation is tax-deductible. **Thank you for your support.** Learn more at ilholocaustmuseum.org