

Take history to heart. Take a stand for humanity.

Larry and Laura Gerber Family Tree of Life

Donor Information		Order Summary		
NAME(S)		LEAF/FLOWER	QUANTITY	COST
ADDRESS		Leaf of Love @ \$1,000		
CITY	STATE ZIP	Legacy Leaf @ \$5,000		
EMAIL ADDRESS		Forever Flower @ \$10,000		
PRIMARY PHONE Please circle one: HOME CELL BUSINESS		-	TOTAL	
LISTING IN RECOGNITION	ON MATERIALS	-	'	
☐ I wish to remain anonymous		Tribute Card (OPTIONAL)		
		NOTIFICATION		
Payment		☐ No tribute card needed☐ Please send tribute card to the recipient below		
AMOUNT \$				
☐ CHECK ENCLOSED (PAYABLE TO ILLINOIS HOLOCAUST MUSEUM) ☐ CREDIT CARD		☐ In honor of		
O AMERICAN EXPRESS	S O MASTERCARD O VISA O DISCOVER			
CREDIT CARD NUMBER		RECIPIENT NAME(S)		
EXPIRATION DATE MM/	YY	ADDRESS		
NAME ON CREDIT CARD		СІТҮ	STATE Z	IP
		SIGN THE CARD FROM		
SIGNATURE		SPECIAL MESSAGE (OPTIONAL)		

Thank you for your support.

Your gift is 100% tax deductible.

Instructions

MAIL Mail completed form to:

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

ONLINE ilholocaustmuseum.org/tributegifts
PHONE Call with credit card to 847.967.4821

FAX Fax form to **847.967.4801**

EMAIL Email scan of form to tributes@ilhmec.org

For more information, contact tributes@ilhmec.org or 847.967.4821.



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PAGE 2

Tree of Life Details





- Up to 4 lines
- 30 characters/spaces per line
- Payable over 2 years
- Annual Museum membership included

INSCRIPTION

All inscriptions will be centered. The Museum reserves the right to approve all inscriptions.

