

I WANT TO MAKE A SEPARATE DONATION OF THE FOLLOWING TYPE:

- I WOULD LIKE TO MAKE A GIFT OF STOCK OR PROPERTY TRANSFER. PLEASE CONTACT ME.
- I AM CONSIDERING OHRC IN MY WILL. PLEASE SEND ME INFORMATION ABOUT MAKING A BEQUEST.
- I WOULD LIKE TO DONATE BOOKS OR OTHER MATERIALS TO THE OHRC ARCHIVES. PLEASE CONTACT ME.

ADDITIONALLY,  I WOULD LIKE TO VOLUNTEER TO WORK WITH OHRC. PLEASE CONTACT ME.

I WOULD LIKE TO RECEIVE INFORMATION ABOUT PARTICIPATING IN THE OHRC'S EDUCATIONAL PROGRAMS. PLEASE SEND ME MORE INFORMATION.

COMMENTS/QUESTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I WANT TO PLAY AN INTEGRAL ROLE IN TEACHING TOLERANCE AND THE LESSONS OF THE HOLOCAUST BY MAKING A DONATION TO OHRC IN THE FOLLOWING AMOUNT:(please circle)

◇ \$250    ◇ \$500    ◇ \$1,000    ◇ \$2,000    ◇ OTHER

I WANT TO PROVIDE ANNUAL SUPPORT TO OHRC'S MANY PROGRAMS AND EVENTS BY MAKING A LONG-TERM PLEDGE OF \$ \_\_\_\_\_ OVER \_\_\_\_\_ YEARS.

*ADDITIONALLY, PLEASE SEND A NOTIFICATION OF THIS DONATION TO THE FOLLOWING INDIVIDUAL(S) – FAMILY(S):*

\_\_\_\_\_  
NAMES & ADDRESSES

\_\_\_\_\_  
THIS DONATION IS:    ◇ IN HONOR OF    ◇ IN MEMORY OF

\_\_\_\_\_  
NAME / ORGANIZATION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
E-MAIL

CHECK PAYABLE TO OHRC FOR \$ \_\_\_\_\_

CHARGE MY VISA/MASTERCARD FOR \$ \_\_\_\_\_

\_\_\_\_\_  
CREDIT CARD #

\_\_\_\_\_  
EXP. DATE

\_\_\_\_\_  
SIGNATURE

CONTRIBUTIONS TO OHRC ARE TAX DEDUCTIBLE TO THE EXTENT THE LAW ALLOWS