

The Dallas Holocaust Museum/Center for Education and Tolerance is a 501(c)3 charitable organization. Your gift is tax-deductible less the value of goods and services received.

SPECIAL GIFTS OF CHAI

FOR GENERATIONS

UNDERWRITING LEVELS: GENERATIONS

These are special Gifts of Chai exclusive to direct family members of Holocaust survivors. All underwriting levels include complimentary parking, pre-dinner cocktails, print recognition in the event program book, and 2018 annual report (contributions of \$1,000 or more).

- Generations: \$3,600 (Value of Benefits: \$1,200) One table of 10.
Generations - Single Ticket: \$360/each (Value of Benefits: \$120) Single ticket. Number of tickets: _____

FOR YOUNG PROFESSIONALS

UNDERWRITING LEVELS: GENERATIONS

These are special Gifts of Chai open to those in high school up to age 35. All underwriting levels include complimentary parking, pre-dinner cocktails, print recognition in the event program book, and 2018 annual report (contributions of \$1,000 or more).

- Young Professionals: \$1,800 (Value of Benefits: \$1,200) One table of 10.
Young Professionals - Single Ticket: \$180/each (Value of Benefits: \$120) Single ticket. Number of tickets: _____

TAX-DEDUCTIBLE DONATIONS

100% TAX-DEDUCTIBLE DONATIONS

I am unable to attend, but wish to make this 100% tax-deductible donation in support of this important fundraiser:

- Triple Chai Holocaust Survivor Table: \$5,400 (This donation underwrites one table of 10 for Holocaust survivors and their guests.)
I wish to make a donation: \$180 \$250 \$360 \$500 \$1,000 OTHER: \$_____

CONTACT INFORMATION

Contact name: _____
Mailing address: _____
Email address: _____
Phone number: _____

PRINT RECOGNITION: _____
Examples: Jane and John Doe; Drs. Jane and John Doe; Jane and John Doe, MD; ACME Brick/Jane and John Doe; The Doe and Brown Families

PAYMENT INFORMATION

Send me an invoice. Payment due by Oct. 24th.
Enclosed is a check, payable to the "Dallas Holocaust Museum".
I authorize the Museum to charge \$_____ on my: AmEx Discover MasterCard Visa
Card Number: _____ Exp. Date: _____
Name on card: _____ Billing zip: _____
Signature _____ Date _____

Please return this signed contract to the Dallas Holocaust Museum/Center for Education and Tolerance: 211 N Record Street, Suite 100, Dallas, TX 75202 (or by Fax: 214-747-2270). *PRINT DEADLINE: August 27/invitation. October 5/event program book.

QUESTIONS? Visit: DallasHolocaustMuseum.org/support/hope-for-humanity-dinner
469-399-5202 or Events@DallasHolocaustMuseum.org