



## Yes, I Want to Help Preserve History.

### Holocaust Documentation & Education Center Membership Benefits

- Free admission to *all* Meet the Author Series presentations\*
- Free admission to *all* International Series presentations\*
- Invitation to our Annual Meeting
- Your donation will benefit the ongoing projects and programs of our Documentation Department, Educational Outreach Department, and Library.

\* Regular price \$5 per person/per presentation

#### Sign me up. I would like to join at the following membership level:

- |   |          |       |
|---|----------|-------|
| <input type="checkbox"/> Individual Membership                  | 1 person | \$36  |
| <input type="checkbox"/> Basic Membership                       | 2 people | \$50  |
| <input type="checkbox"/> Family Membership                      | 4 people | \$75  |
| <input type="checkbox"/> Membership PLUS Library Book Sponsor** |          | \$118 |

\*\* A bookplate will be placed in the sponsored book to recognize your commitment.

I would also like to make an additional donation to the Capital Campaign  
to help build the first South Florida Holocaust Museum.

- |  |         |                                     |          |
|--|---------|-------------------------------------|----------|
| <input type="checkbox"/> Sponsor       | \$500   | <input type="checkbox"/> Ambassador | \$10,000 |
| <input type="checkbox"/> Brick of Life | \$1,800 | <input type="checkbox"/> Diplomat   | \$25,000 |
| <input type="checkbox"/> Tree of Life  | \$3,600 | <input type="checkbox"/> Founder    | \$50,000 |
| <input type="checkbox"/> Friend        | \$5,000 | <input type="checkbox"/> Other      | \$_____  |

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Check (payable to: Holocaust Documentation & Education Center)
- Please charge my: Visa/AmEx/Mastercard/Discover (circle one)

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Total amount to be charged: \$\_\_\_\_\_ Security Code: \_\_\_\_\_

Billing address (if different from above): \_\_\_\_\_

Please return completed form to: HDEC · 2031 Harrison Street · Hollywood, FL 33020

Questions? Call 954.929.5690 or email [info@hdec.org](mailto:info@hdec.org).

HDEC is a 501(c)(3) non-profit organization. Contributions are tax deductible.