

Columbia Holocaust Education Commission Donation Form

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Amount: _____

If you would like your donation in honor or memory of someone and an acknowledgement card sent, please provide the following information:

In honor of:

Name: _____

In memory of:

Name: _____

Address where acknowledgement card will be sent:

Please mail this form with check to the address below or contact Cheryl Nail.

**Columbia Holocaust Education Commission
Attention: Cheryl Nail
306 Flora Drive
Columbia, SC 29223**

**Cherly Nail
803-787-2023 X 211
cheryl@jewishcolumbia.org**