

Title _____ First Name _____ Last Name _____

Spouse/Partner Name (if this will be a joint gift) (optional) :

Title _____ First Name _____ Last Name _____

Street _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ E-mail _____

I wish to give a gift of:

\$25 \$36 \$50 \$100 \$500 \$1,000 \$3,000 \$5,000 Other

Payment Method: Visa MasterCard Check
(Please make check payable to **USC Shoah Foundation**)

Credit Card Number Expiration Date Signature (required for credit card gifts)
(The address above must match your credit card billing statement for credit card gifts)

I want my donation to be anonymous: Yes No

What communication prompted your donation? _____
(Mailing, Past Forward Digest, Shoah Foundation Staff, Referral, Other)

Tribute Card Information (optional) :

In Honor of In Memory of Choose an occasion: _____
(Anniversary, Bar Mitzvah, Bat Mitzvah, Birthday, Graduation, Speedy Recovery, Thank You, Wedding, Other)

Full Name: _____

Please notify the following person(s) of my gift:

Title _____ First Name _____ Last Name _____

Street _____

City _____ State _____ Zip _____

Sign Tribute card from: _____

Tribute card message: _____

Please send your generous contribution to:

USC Shoah Foundation
The Institute for Visual History and Education
University of Southern California
Office of Advancement
444 South Flower Street, Suite 4100
Los Angeles, CA 90071-8205

Thank you for your generosity!

Contributions to the
USC Shoah Foundation
are tax-deductible to the
extent permissible by law.

If you have any questions, please contact Nicole Watkins at 213-821-9337