



SECTION I: CONTRIBUTION AUTHORIZATION

IA: TRIBUTES

Personalized tribute with customized imagery. SEE BACK OF CONTRACT FOR EXAMPLES.

1. SELECT A TRIBUTE LEVEL:

- \$1,000 Premium – Full Page Tribute (premium placement, 5x5, black/white, no bleed)
- \$500 - Full Page Tribute (5x5, black/white, no bleed)
- \$250 - Half Page Tribute (2.5x5 horizontal, black/white, no bleed)

2. THEN SELECT ONE BELOW:

- I will email YH@dhhrm.org how my tribute should read for the Museum to create one for me.
- I will email my publish-ready tribute (pdf or jpg file) to: YH@dhhrm.org

IB: DONATION LISTINGS

Name listing in the tribute book.

DID YOU KNOW? In Jewish numerology, the letters of the Hebrew word “chai,” meaning “life,” add up to 18. Gifts of Chai are representative of giving a gift of “life.”

1. SELECT A LISTING:

- Interfaith Donations. Gifts of Chai for our Interfaith Community.
○ \$180 ○ \$108 ○ \$72 ○ \$54 ○ \$36 ○ \$18
- L’Dor V’Dor Donations. Gifts of Chai for families of Holocaust Survivors, Refugees, Hidden Children, and Kindertransportees.
○ \$180 ○ \$108 ○ \$72 ○ \$54 ○ \$36 ○ \$18
- General Donations, open to anyone.
○ \$180 ○ \$108 ○ \$72 ○ \$54 ○ \$36 ○ \$18

2. Print how you would like your name to be listed, or email it to YH@dhhrm.org

IC: “IN HONOR/MEMORY OF” LISTINGS

Name listing in honor of/in memory of a loved one.

1. SELECT A LISTING:

- \$36 “In Loving Memory Of” Listing
- \$36 “In Honor Of” Listing

2. Please complete how you would like your tribute to appear:

In Honor Of [or] *In Loving Memory Of*: _____

From: _____

SECTION II: CONTACT INFORMATION

Contact name: _____	PRINTED NAME	SIGNATURE HERE	DATE
Mailing address: _____	STREET ADDRESS	CITY, STATE	ZIP CODE
Email address: _____		Phone Number:	

SECTION III: PAYMENT

- Enclosed is a check, payable to the “Dallas Holocaust and Human Rights Museum.”
- Please send me an invoice. I pledge to remit payment before April 27, 2022.

In order to protect your personal financial information, the Museum recommends one of the following payment options:

- I will pay online by visiting www.dhhrm.org/yom-hashoah
- I will pay via credit card by calling DHHRM Database Coordinator, Reid Hamilton, at 469-399-5215.
- I will pay via ACH or stock transfer. Please send me instructions.
- I will recommend a donation from my charitable funds:

Funding Institution: _____

The Dallas Holocaust and Human Rights Museum is a 501(c)(3) non-profit organization. Your gift will be acknowledged as a donation with no goods or services provided in exchange.

Return signed contract: Email YH@dhhrm.org or mail to the **Dallas Holocaust and Human Rights Museum, 300 N Houston St, Dallas, TX 75202**

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