



## SECTION I: CONTRIBUTION

### IA: TRIBUTE OPTION

SEE BACK OF CONTRACT FOR EXAMPLES.

Step 1. SELECT A TRIBUTE LEVEL:

- ☐ \$1,000 Full Page Tribute with premium placement
- ☐ \$500 Full Page Tribute
- ☐ \$250 Half-Page Tribute

Step 2. THEN SELECT ONE BELOW:

- ☐ I will email [YH@dhhrm.org](mailto:YH@dhhrm.org) how my tribute should read.
- ☐ I will send a fully-produced tribute to: [YH@dhhrm.org](mailto:YH@dhhrm.org) (accepted file formats: pdf, jpg, png)

### IB: COMMEMORATIVE LISTING OPTION

Step 1. SELECT DONATION LEVEL:

- ☐ \$180 ☐ \$108 ☐ \$72 ☐ \$54 ☐ \$36 ☐ \$18 ☐ Other: \$ \_\_\_\_\_

Step 2. THEN SELECT ONE OPTION BELOW:

☐ OPTION 1: SELECT ONE AFFILIATION:

- ☐ Interfaith Community
- ☐ L'Dor V'Dor (families of Holocaust survivors, refugees, hidden children, and Kindertransportees)
- ☐ General Donation

INDICATE HOW YOUR NAME SHOULD BE LISTED (or email it to [YH@dhhrm.org](mailto:YH@dhhrm.org))

☐ OPTION 2: SELECT ONE AFFILIATION:

- ☐ "In Loving Memory Of" Listing
- ☐ "In Honor Of" Listing

INDICATE HOW YOUR TRIBUTE LISTING SHOULD APPEAR:

*In Honor Of* [OR] *In Loving Memory Of*: \_\_\_\_\_

*From*: \_\_\_\_\_

## SECTION II: CONTACT INFORMATION

Contact Name: \_\_\_\_\_

PRINTED NAME

SIGNATURE

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 full payment before April 16, 2023.
- ☐ I will pay online by visiting [www.dhhrm.org/yom-hashoah/](http://www.dhhrm.org/yom-hashoah/)
- ☐ I will pay via credit card by calling Gift Administrator Kat English at 469-257-4291.
- ☐ I will pay via ACH or stock transfer. Please send me instructions.
- ☐ I will recommend a 100% tax-deductible donation from my charitable funds.

Fair Market Value: \$0.00.

Proceeds benefit the Dallas Holocaust and Human Rights Museum, a 501(c)(3) nonprofit organization.

SCAN HERE  
TO PAY ONLINE



Email a completed and signed contract to: [YH@dhhrm.org](mailto:YH@dhhrm.org)  
Or mail to: Dallas Holocaust and Human Rights Museum, 300 N Houston St, Dallas, TX 75202

QUESTIONS? [YH@dhhrm.org](mailto:YH@dhhrm.org) or 469-257-4290

**PUBLICATION DEADLINE: April 8, 2024**

# DALLAS HOLOCAUST AND HUMAN RIGHTS MUSEUM

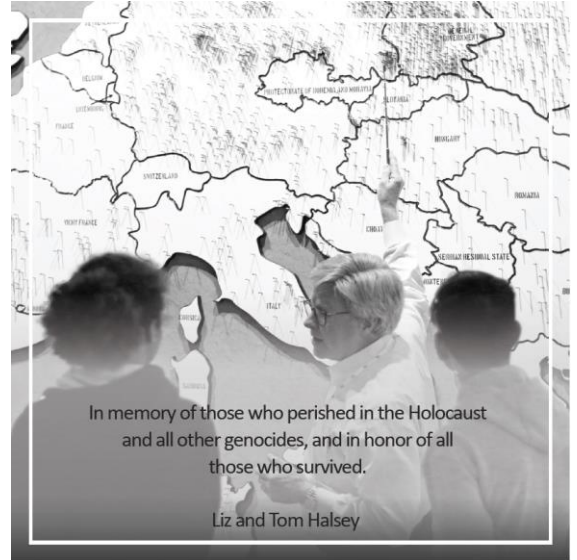
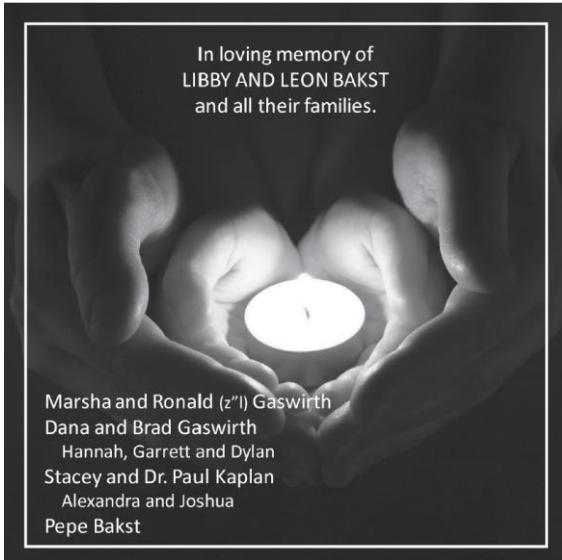
2024 YOM HASHOAH

Sunday, May 5, 2024 at 7 p.m.

Temple Shalom | 6930 Alpha Rd, Dallas 75240

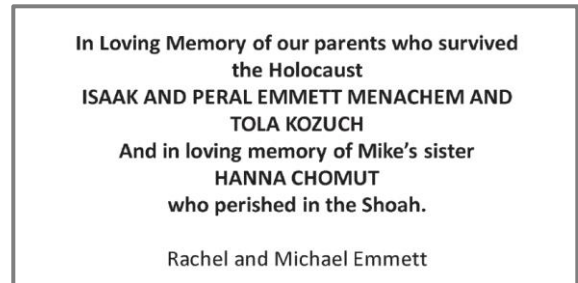
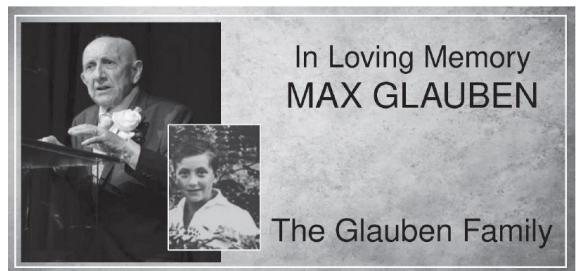
## EXAMPLES: FULL PAGE TRIBUTE

All tributes are printed greyscale. No full bleed.



## EXAMPLES: HALF PAGE TRIBUTE

All tributes are printed greyscale. No full bleed.



## QUESTIONS OR MORE INFORMATION

[www.dhhrm.org/yom-hashohah/](http://www.dhhrm.org/yom-hashohah/) | [YH@dhhrm.org](mailto:YH@dhhrm.org) | 469-257-4290

100% tax-deductible contributions benefit the Dallas Holocaust and Human Rights Museum, a 501(c)(3) nonprofit organization.