

MEMBERSHIP AND GIFTS



YES! I WANT TO SUPPORT HIAS. I WOULD LIKE TO:

Join/Renew my HIAS membership at the following level: \$50 Individual \$100 Family
 \$120 Anniversary

Make an additional contribution: \$180 \$270 \$360 \$540 Other \$ _____

DONOR INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Date of Birth: _____

Please check here if above is a new address.

I/my family (please circle) was assisted by HIAS.

If your or your spouse's employer has a matching gift program, please obtain a matching gift form and include it with your contribution.

PLEASE SEND ME INFORMATION ON HOW I CAN:

Join the Mitzvah Club (HIAS' monthly giving program).

Donate stock to HIAS.

Remember HIAS in will.

Receive income for life by helping HIAS.

I am thinking of investing \$ _____.

Establish a scholarship fund for refugee students.

Join HIAS Young Leaders.

PAYMENT OPTIONS:

I am enclosing a check in the amount of \$ _____

To charge your gift, call 212-613-1475/1354 between 10am- 4pm or return this form:

Please charge my \$ _____ contribution to: Visa Mastercard

Card number: _____ Exp. Date: _____

Daytime telephone: _____

Name as it appears on card: _____

Signature: _____

MEMBERSHIP: 212-613-1475/1354 TOLL-FREE: 1-866-871-9681

PLANNED GIVING: 212-613-1474 TOLL-FREE 1-866-337-3337

FAX: 212-967-4356

Please return this form to:

The Hebrew Immigrant Aid Society

333 Seventh Avenue, 16th Floor

New York, NY 10001-5004

Attn: Development Department

Give the gift of hope...