

# THE MITZVAH CLUB

## HIAS' MONTHLY GIVING PROGRAM



Yes, I would like to become a member of the Mitzvah Club

Not at this time, but please send me more information about joining the Mitzvah Club.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please use my:  Visa  Mastercard

To charge \$ \_\_\_\_\_ per month

*(credit cards will be charged the 15th of each month)*

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby authorize the Hebrew Immigrant Aid Society (HIAS, Inc.) to make automatic monthly withdrawals from my credit card, as indicated above. I understand that I may cancel this transaction at any time by notifying HIAS in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE SEND ME INFORMATION ON HOW I CAN:

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.

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...*