

The Selden K. Smith Foundation for Holocaust Education

**Donation Form
Tax ID # 27-277672**

Name: _____

Address: _____

Phone Number: _____

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Date: _____

If you would like your donation in honor or memory of someone and an acknowledgement card sent, please provide the following information:

In honor of:

Name: _____

In memory of:

Name: _____

Address where acknowledgement card will be sent:

Please mail this form with check to the address below:

**Minda Miller
18 Glenlake Rd
Columbia, SC 29223**