

The Selden K. Smith Holocaust Education Foundation

**Donation Form
Tax ID # 84-4179534**

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Amount: _____

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
c/o Katie & Irwin Kahn Jewish Community Center
306 Flora Dr.
Columbia, SC 29223**