

**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:**

**SKS Holocaust Education Foundation  
PO Box 24191  
Columbia, SC 29224**