



Phoenix Holocaust Association (PHA)

Membership and Dues / Donation Form for January 1, 2024 - December 31, 2024

Date			
Name(s)			
Email(s)			
Address			Unit No:
City/State/Zip			
Phone	(home)	(mobile)	

PLEASE PLACE "X" OR CHECK BELOW

	Holocaust Survivor		Spouse/partner of Holocaust Survivor
	2G (child of Holocaust survivor)		Spouse/partner of 2G
	3G (grandchild of Holocaust Survivor)		Spouse/partner of 3G
	Friend of PHA		Surviving Spouse of Deceased Survivor
	Teacher (Provide School below):		Student (Provide School below):
	School Name		School Name

***The Phoenix Holocaust Association is a 501c(3) organization.
Dues and donations are tax deductible within the limits of the law***

Survivor Membership (and surviving Spouse)	No charge	\$ 0
Individual Membership /Spouse/ Friend	\$36	
Couple /Family Membership	\$54	
Student Membership	No charge	\$ 0
Teacher Membership	No charge	\$ 0

Additional Voluntary *Donation – Thank you!*

** If you would like to donate in memory or honor of someone/something, please include that information below. We will acknowledge your donation per your instructions.*

\$

*** Donation Details**

Name(s) _____ In memory of _____

In honor of _____

Special Purposes (circle one): PHA General Fund Holocaust Education Café Europa Ella & Harry Adler Fund Memorial Maintenance Other

(Optional)

Birthday Member _____ **Birthday Spouse** _____ **Wedding Anniversary** _____

	Total	\$
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Payments may be made by check or credit card.

- Credit Card** Go to our website: <http://phxha.com/support/>
- Check** Make payable to PHA. Mail with the completed form to:
PHA, 12701 North Scottsdale Road, Suite #122, Scottsdale, AZ 85254
- Questions?** Email: Phoenixholocaustassociation@gmail.com