



## Phoenix Holocaust Association (PHA)

### Membership and Dues / Donation Form for January 1, 2025 - December 31, 2025

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** \_\_\_\_\_

	<b>Total</b>	\$
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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](mailto:Phoenixholocaustassociation@gmail.com)