



**Phoenix Holocaust Association (PHA) Membership and Dues / Donation Form**  
**January 1, 2026 - December 31, 2026**

PHA is supported through private donations and grant funding. Membership is vital to our mission, helping us advance Holocaust education in Arizona, support survivors, bring distinguished speakers to the community, and train educators statewide.

**Membership benefits include reduced event fees, access to member-exclusive events, and regular updates on monthly programs.**

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

**PLEASE PLACE "X" OR CHECK BELOW**

<input type="checkbox"/> Holocaust Survivor	<input type="checkbox"/> Spouse/partner of Holocaust Survivor
<input type="checkbox"/> 2G (child of Holocaust survivor)	<input type="checkbox"/> Spouse/partner of 2G
<input type="checkbox"/> 3G (grandchild of Holocaust Survivor)	<input type="checkbox"/> Spouse/partner of 3G
<input type="checkbox"/> Friend of PHA	<input type="checkbox"/> Surviving Spouse of Deceased Survivor
<input type="checkbox"/> Teacher (Provide School below):	<input type="checkbox"/> 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   Hilton Family Holocaust Education Center

**(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)