

Donation Form

Date:

Donor Information

Please check one: Individual/Family
 Business/Organization

Name: Phone Number:

Street Address:

City: State: Zip Code:

e-mail address:

Subscribe to e-newsletter

Donation Options

Donation Amount:

If applicable, please select: Name(s)

Acknowledgement *(optional)*

A letter of acknowledgement should be sent to:

Name:

Street Address:

City: State: Zip Code:

Once you have completed this form, please [print](#) and [mail with check](#) to:

Georgia Commission on the Holocaust
Attention: ~~Martine Bookman~~ Anne Frank in the World
5920 Roswell Rd. Suite A-209
Sandy Springs, GA 30328