



DONATION FORM

Please make your check payable to: *The Center for Holocaust, Human Rights & Genocide Education*

Complete this form, print and mail, along with your check to:

The Center for Holocaust, Human Rights & Genocide Education
Brookdale Community College
765 Newman Springs Road
Lincroft, NJ 07738

ALL DONATIONS ARE TAX DEDUCTIBLE.

Donation Amount: \$ _____

Donation Type:

____ General Donation

____ In honor of: _____

____ In memory of: _____

Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

An acknowledgement of your donation will be sent to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you would like to include a message, please include below:

Center for Holocaust, Human Rights & Genocide Education
765 Newman Springs Rd. Lincroft, NJ 07738
Phone: 732-224-1889
Email: contact@chchange.org



Please specify where you would your donation to be applied:

- Use my donation wherever it is needed most
- Scholarships for teachers to attend Chhange seminars
- Programs (Lectures, Films, Trips, Exhibits, Short Courses)
- Annual Commemorative Events
- Library (Books, CDs, DVDs, Posters)
- Services for the Community (Student writing, school events, community outreach)
- Archives

Thank you for your support.

Center for Holocaust, Human Rights & Genocide Education
765 Newman Springs Rd. Lincroft, NJ 07738
Phone: 732-224-1889
Email: contact@chhange.org