

HOLOCAUST MUSEUM HOUSTON



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Individual Museum Sponsorship Form

❖ _____ Sponsor One Day - \$1,000

❖ _____ Sponsor One Week - \$5,000
(One week covers 7 days – Monday to Sunday)

❖ _____ Sponsor One Month - \$20,000
(One month covers from the 1st to the last day of the selected month)

_____ In Remembrance Of

_____ In Honor Of

Name (Please Print): _____

Date of Admission: _____

For: _____

Underwriter:

Name: _____

Address: _____

City/ST/Zip: _____

To Be Acknowledged:

Name: _____

Address: _____

City/ST/Zip: _____

Amount: \$ _____ By Check : (payable to Holocaust Museum Houston)

_____ By Credit Card – Account Number: _____ Exp Date: _____

Security #: _____ Name on Card: _____ Signature: _____