

DONATION FORM

Please complete the form below and return to:

The Lambert Collection Fund
2057 Orchard Lake Rd.
Sylvan Lake, MI 48320

Name: _____

Address: _____

Telephone: _____

Email: _____

Amount of Donation

\$18 chai

\$36 double chai

\$100

\$500

\$1,000

\$2,500

\$5,000

Other _____

CHECK Please enclose and make payable to: **The Lambert Collection Fund**

CREDIT CARD

Please check box: MasterCard Visa Discover American Express

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Print Name (as shown on card): _____

You can **fax** the Donation Form using this number: **248.335.7991**.

For any questions, please contact Samuel Gun at **248.335.7970**, or send a message to **info@lambertcollection.org**.

THANK YOU!

non-profit 501(c)(3) corporation

The Lambert Collection Fund has adopted and shall abide by the Holocaust Memorial Center's Gift Acceptance Policies, which shall protect, at all times, any donor information that is obtained from your generous contribution and support.