



*"To Remember
...and to Teach"*

Donors to the
Cohen Center for Holocaust Studies
will be recognized on the
donor honor roll as a:

<i>Benefactor</i>	\$2,500+
<i>Patron</i>	\$1,000 - \$2,499
<i>Partner</i>	\$500 - \$999
<i>Sustainer</i>	\$250 - \$499
<i>Supporter</i>	\$100 - \$249
<i>Friend</i>	up to \$99

Cohen Center for Holocaust Studies

KEENE STATE COLLEGE

229 Main Street, Keene, NH 03435-3201
603-358-2490 FAX 603-358-2745

Cohen Center for Holocaust Studies

Name: _____

Address: _____

City, State, & Zip: _____

Phone: (____) _____ E-mail address: _____

Please accept my/our gift of: \$ _____ My company will match my gift.
(Please include a matching gift form from your company.)

Check enclosed (Please make your check payable to the Cohen Center and return it in this envelope.)

Charge my: VISA MasterCard

Please make a one-time charge on my MasterCard or VISA card.

I/we would like to make gifts monthly via this credit card for \$ _____ per month for a total of \$ _____.

Credit card number: _____ - _____ - _____ - _____ Expiration date (month and year): ____ / ____

This gift is anonymous. Please do NOT list my/our name on the Donor Honor roll.

Please contact me/us.

- I/we want to learn more about the Cohen Center.
- I/we would like to consider a bequest or deferred gift to the Cohen Center.
- I/we would like to make a memorial or recognition gift to the Cohen Center.

www.keene.edu/cchs

Use my/our gift to support the following:

- General Support for the Cohen Center (materials & activities)
- The Norma and Lester Cohen Endowment for Educational Outreach
- The Holocaust Memorial Lecture Endowment
- The Charles Hildebrandt Holocaust Studies Award Endowment
- The Kristallnacht Remembrance Fund
- The Biennial Summer Institute for Teachers
- The F. Burton Nelson Holocaust Studies Memorial Award
- The James H. White/ Sibylle Sarah Niemoeller von Sell Fellowship
- Gift in memory/honor of _____