

C.H.A.I.M.
Children of Holocaust Survivors
Association in Michigan

ANNUAL MEMBERSHIP DUES

Please print off the following form and mail in to:

CHAIM
P.O. Box 339614
Farmington Hills, MI 48333

Name _____

Address _____

City _____ State _____

Zip Code _____ Phone _____

Enclosed is my check in the amount of
\$_____ made payable to C.H.A.I.M.

(All contributions are tax deductible as provided by law.)

- Patron \$250 Sponsor \$100 Friend \$50
- Contributor \$25 Member \$18
- Please put me on your mailing list.
- I am a child of a Holocaust survivor.

- I am interested in joining a support group.