RSVP by November 20, 2026

Name: _____

Address: _____

E-mail: _____

Phone #: _____

- ☐ Remembrance Sponsor (10 Tickets) - $15,000
- ☐ Testimony Sponsor (10 Tickets) - $10,000
- ☐ Hope Sponsor (6 Tickets) - $5,000
- ☐ Inspire Sponsor (4 Tickets) - $2,500
- ☐ Patron Sponsor (2 Tickets) - $1,000
- ☐ Individual Tickets - $200 per ticket (qty. ____)
- ☐ Full-Page Ad - $500
- ☐ Half-Page Ad - $250
- ☐ Can not attend but would like to make a $_____ Donation

How would you like to be recognized (sponsors only): _____

Enclosed Total Payment: $_____ Credit Card #: _____

Exp. Date: _____ CVV: _____ Signature: _____

(Please make checks payable to the Holocaust Museum & Cohen Education Center)

☐ I would like to sit with _____ OR ☐ Please have the committee seat me

Meal Option 1	Meal Option 2	Meal Option 3	Meal Option 4
Greek Salad Grilled Chicken, Romaine Hearts, Baby Heirloom Tomatoes, Cucumbers, Red Onion, Marinated Olives, Feta Cheese, Greek Vinaigrette, **GF**	**Quinoa Salad** Warm quinoa with Grape Tomatoes, Cucumber, Oranges, Spinach, Avocado, Cilantro, Mint, and Orange Ginger Sauce, **GF, Vegan**	**The Trio** Scoops of Tuna Salad, Egg Salad, and Chicken Salad with Mixed Greens and Fresh Fruit, **GF**	**Vegetable Quiche** Spinach, Artichoke, Grape Tomatoes, Onion, Cheddar Jack Cheese, Mixed Green Salad, Balsamic Dressing, **Vegetarian**

Please list yourself and all others attending as your guests and your meal choices.

1. _____ Email/Phone: _____ Meal Choice: 1☐ 2☐ 3☐ 4☐
2. _____ Email/Phone: _____ Meal Choice 1☐ 2☐ 3☐ 4☐
3. _____ Email/Phone: _____ Meal Choice 1☐ 2☐ 3☐ 4☐
4. _____ Email/Phone: _____ Meal Choice: 1☐ 2☐ 3☐ 4☐
5. _____ Email/Phone: _____ Meal Choice: 1☐ 2☐ 3☐ 4☐
6. _____ Email/Phone: _____ Meal Choice: 1☐ 2☐ 3☐ 4☐
7. _____ Email/Phone: _____ Meal Choice: 1☐ 2☐ 3☐ 4☐
8. _____ Email/Phone: _____ Meal Choice: 1☐ 2☐ 3☐ 4☐
9. _____ Email/Phone: _____ Meal Choice: 1☐ 2☐ 3☐ 4☐
10. _____ Email/Phone: _____ Meal Choice: 1☐ 2☐ 3☐ 4☐

Questions? Email donor@hmcec.org or call Samantha at 239-263-9200 x207