

IMMIGRANT RECORD SEARCH REQUEST



Welcome the stranger.
Protect the refugee.

Payment

Please return this completed form to sherly.postnikov@hias.org or fax it to 212-967-4443.

I authorize the representatives of HIAS to charge a one-time payment on my credit card in the amount of \$30.00.

Cardholder name _____

Credit Card Number _____

Expiration date _____

Day Time Phone# _____

Cardholder's Signature required

Date

HELP SUPPORT OUR WORK—PLEASE CONSIDER MAKING AN ADDITIONAL CONTRIBUTION by entering credit card info below, or go to HIAS.org/donate to make an online contribution.

I authorize the representatives of HIAS to charge a one-time payment on my credit card in the amount of

\$ Amount _____

Cardholder name _____

Credit Card Number _____

Expiration date _____

Address: _____

Day Time Phone# _____

Cardholder's Signature required

Date

Should you have any questions regarding this form, kindly contact Sherly Postnikov at 212-613-1352.