

# IMMIGRANT RECORD SEARCH REQUEST



Welcome the stranger.  
Protect the refugee.

## Payment

Please return this completed form to [sherly.postnikov@hias.org](mailto: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

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Credit Card Number

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Expiration date

---

Day Time Phone#: 

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Cardholder's Signature required

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Date

**HELP SUPPORT OUR WORK—PLEASE CONSIDER MAKING AN ADDITIONAL CONTRIBUTION** by entering credit card info below, or go to [HIAS.org/donate](https://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 

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Cardholder name

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Credit Card Number

---

Expiration date

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Address:

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Day Time Phone#:

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\_\_\_\_\_  
Cardholder's Signature required

\_\_\_\_\_  
Date

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