

GENEALOGY 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 nonrefundable \$100.00.

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Cardholder name

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Expiration date

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Cardholder's Signature required

Date

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