

# LOCATION SERVICE SEARCH REQUEST



Welcome the stranger.  
Protect the refugee.

## Payment

Please return this completed form with \$100.00 to [sherly.postnikov@hias.org](mailto:sherly.postnikov@hias.org) or fax it to 212-967-4443.

\$30.00 is nonrefundable and \$70 will be not charge in case no information has been found.

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

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](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 \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Day Time Phone#: \_\_\_\_\_

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

\_\_\_\_\_  
Date