

LOCATION SERVICE SEARCH REQUEST



Welcome the stranger.
Protect the refugee.

Payment

Please return this completed form with \$100.00 to 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 to make an online contribution.

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Address: _____

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