

MCHE Membership Enrollment

Print, complete, and mail with your check or credit card information.

Please make checks payable to:
Midwest Center for Holocaust Education (MCHE)
5801 West 115th Street, Suite 106
Overland Park, KS 66211-1800
Tel. 913-327-8192 Fax 913-327-8193
Email: info@mchekc.org

Yes, I am/we are pleased to support the important efforts of MCHE at the following annual membership level:

Membership Levels: White Rose Society Patron (\$1,000+) White Rose Society Benefactor (\$500- \$999)
 Partner (\$250-\$499) Associate (\$100-\$249) Contributor (\$50-\$99)
 Donor (\$36-\$49) Educator (\$25) Student (\$18)

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Fax Number: (_____) _____

Email Address: _____

If you are an educator, please include the following information:

School Name: _____

School Address: _____

City, State, Zip: _____

School Phone: (_____) _____

School Fax: (_____) _____

School Email: _____

Subject Taught: _____ Grade Level: _____

Payment Method Check Visa MasterCard Discover American Express

Name on Credit Card: _____ Expiration Date: _____

Account Number: _____ Amount to be charged: \$ _____

Signature: _____

Contributions to MCHE are deductible to the full extent of the law. **Thank You!**