

Kindly return this form and your payment to:  
**Capital Jewish Museum, 575 3rd St NW, Washington, DC 20001**

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In Honor  In Memory Honoree's Name(s): \_\_\_\_\_

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LILLIAN AND ALBERT SMALL  
**CAPITAL JEWISH MUSEUM**

202-525-2250 | [CapitalJewishMuseum.org](http://CapitalJewishMuseum.org) | [support@CapitalJewishMuseum.org](mailto:support@CapitalJewishMuseum.org)

## Contact and Payment Information

Your Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
(as you would like it to appear in acknowledgements)

Your Email: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

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Make my donation anonymous

Enclosed is a check made payable to the Capital Jewish Museum.

Charge my credit card.  Visa  MasterCard  American Express

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Signature: \_\_\_\_\_ Authorization Code (last 3 digits on back of card): \_\_\_\_\_

Please send me information about including the Museum in my estate plans and becoming a member of the Museum's 1876 Legacy Society.