THE HOLOCAUST CENTER, BOSTON NORTH, INC.
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HOLOCAUST LEGACY PARTNERS PROJECT

First Name: _____ Last Name: _____ Date: _____

Address: _____ City: _____ State_____ Zip_____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Occupation: _____

Why do you want to be a Holocaust Legacy Partner? _____

_____

_____

_____

_____

What do you think you will bring to the project? _____

_____

_____

_____

_____

References:

Personal:

Name :_____

Address: _____

_____

Phone: _____

Professional:

Name: _____

Address: _____

_____

Phone: _____

_____
(Partner's Signature)

_____
(Date)