



Merchant and Store Information

Merchant Name: _____
Last *First* *M.I / Maiden.*

Birth/Death Date: _____

Country of Origin: _____ Date of Immigration: _____

Store Name: _____

Store Type: _____

Store Address: _____
Street Address

_____ *City* *State* *ZIP Code*

Date Opened: _____ Date Closed/Moved: _____

**Please use one form for each store owner or address. Some stores will have more than one form.
If you would like to supply additional information about this merchant or store, please use the other side of this form.**

Supporting Materials

Would you like to contribute any of the following to the Jewish Merchant Project for digitization?

- Documents, including correspondence with store letterhead, account books, ledgers, and newspaper clippings
- Photographs of merchants, storefronts, or items found inside the store (account books, safes, furniture, inventory)

Would you be interested in contributing an oral history to the Jewish Merchant Project, with the understanding that it would be accessioned into the College of Charleston's Jewish Heritage Collection?

Yes No

Your Contact Information

Full Name: _____
Last *First* *Middle/Maiden.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Date: _____

