

PLEASE RETURN THIS FORM WITH YOUR CONTRIBUTION

Yes! I want to give to the Silent Wings Museum Foundation, Inc. and recognize those who served in World War II. My donation is tax-deductible.

DONOR INFORMATION:

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

GIFT INFORMATION:

Please accept my tax-deductible donation in the amount of:

_____ \$1000 - FLIGHT OFFICER _____ \$500 - PILOT _____ \$250 - CO - PILOT
_____ \$100 - CADET _____ \$50 - FRIEND _____ \$25 - DONOR

PAYMENT INFORMATION:

_____ Check enclosed (Make payable to the Silent Wings Museum Foundation, Inc.)
_____ Charge it! (Visa or Mastercard)
Card Number: _____ Exp. Date: _____ Security Code: _____
Billing Zip Code: _____

MEMORIAL GIFT:

I would like to give a gift in memory or in tribute of _____ please insert name

Please send an acknowledgment card of this memorial tribute gift to:

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

For more information:
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