

**HONOR FLIGHT
SOUTHEASTERN
NC
CONTRIBUTOR FORM**

www.honorflightsenc.org



I wish to honor an American Hero with a **tax deductible contribution** to Honor Flight of Southeastern North Carolina.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____

My contribution level is indicated below:

Check Contribution Level Below	Giving Level	Minimum Contribution	Veterans Sponsored
	Honor Sponsor	\$10,000	25
	Patriot Sponsor	\$7,500	18
	Gold Sponsor	\$5,000	12
	Silver Sponsor	\$2,000	5
	Bronze Sponsor	\$1,200	3
	Merit Sponsor	\$800	2
	Veteran Sponsor	\$400	1
	Sponsor	Indicate \$ Amount:	

*Please Make Checks Payable to **Honor Flight of Southeastern North Carolina***

Mail Completed Form, Along with Donations To:
Honor Flight of Southeastern North Carolina
P.O. Box 4563
Wilmington, NC 28403

This fund will be used solely for the expenses to be incurred to fly over 300 Southeastern North Carolina World War II veterans to Washington, D.C. on one of three flights in 2010. The inaugural flight is scheduled for April 13, 2010. Flight two and three will be scheduled ASAP. Each flight costs approximately \$50,000.

This trip will be entirely free to the veterans.

Please fill out the back of this form if your contribution is in honor of a veteran (*note that contributions cannot be designated for a specific veteran, rather contribution will be acknowledged in their honor - veterans are selected for flights first-come, first-serve*):

Office Use Only: Date received: _____ Acknowledged by: _____

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Complete this section, if applicable. My contribution is in honor of a veteran (*note that contributions cannot be designated for a specific veteran, rather contribution will be acknowledged in their honor - veterans are selected for flights first-come, first-serve*):

Veteran's Name _____

Living: Deceased:

If known or applicable, please provide the following information:

Served in _____ war. If WWII, served in _____ Pacific Theatre _____ Atlantic Theater

Branch of Service _____ Rank _____

_____ Send honorary or memorial contribution acknowledgement letter (certificate for contributions of \$100 or more) to:

Name: _____ If not the veteran, relationship to veteran _____

Address: _____

City: _____ State: _____ Zip: _____

Notes:

Office Use Only: Date received: _____ Acknowledged by: _____