



Donation/Pledge Form

Tuskegee Airmen, Inc. **YOUTH PROGRAM**

Donor Information (please print or type)

Name	
Billing address	
City, State, Zip	
Telephone (home, mobile)	
Telephone (business/fax)	
E-Mail	

Donation/Pledge Information

I (we) donate/pledge a total of \$_____ to be paid: ___ now ___ monthly ___ quarterly
___ yearly _____ bequest to Tuskegee Airmen, Inc.

I (we) plan to make this contribution in the form of:
___ cash ___ check ___ credit card ___ other.

Credit card type	
Credit card number and 3 or 4 digit CVV Number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
___ form enclosed ___ form will be forwarded

Acknowledgement Information

In Memory of / or In Honor of..

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Please use the following name(s) and addresses (optional) in all acknowledgments:

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___ I (we) understand that this donation is designated for the Tuskegee Airmen, Inc. YOUTH program.

___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Contributions are tax deductible to the maximum allowed by IRS rules. Please make checks, corporate matches, bequests or other gifts payable to:

Tuskegee Airmen, Inc. * PO Box 830060 * Tuskegee, AL 36083
Phone Numbers: Office 334-725-8200 * Fax 334-725-8205