



**JIMMY DOOLITTLE AIR & SPACE MUSEUM EDUCATION FOUNDATION**

**CAPITAL CAMPAIGN PLEDGE FORM**

**DONOR INFORMATION** (please type or print): **DATE:** \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEDGE INFORMATION**

I (we) hereby contribute cash *and/or* assets to the Jimmy Doolittle Air and Space Museum Education Foundation Capital Campaign.

I (we) pledge a total of \$: \_\_\_\_\_ amount enclosed \$ \_\_\_\_\_ remainder pledge \$ \_\_\_\_\_

I (we) wish to have this donation spread over 1  2  3  4  5  Year(s).

**CONTRIBUTION FORM**

I (we) plan to make my (our) contribution in the form of:

Cash  Check  Charge  Stock  Property **START DATE:** \_\_\_\_\_

Please charge my credit card:  Visa  MasterCard  Discover Card

Credit Card #: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Authorized Credit Card Signature: \_\_\_\_\_

Please bill me beginning \_\_\_\_\_ and thereafter  monthly  quarterly  yearly

**DONOR RECOGNITION** (All donors will be recognized unless anonymity is requested)

Please use the following name(s) in all acknowledgements & donor recognition: \_\_\_\_\_

I (we) wish to remain anonymous

**DONOR SIGNATURE:** \_\_\_\_\_

*Donations are tax-deductable to the extent allowed by law. Tax ID # 68-0479628*

**Mail Pledge Form:**

Jimmy Doolittle Capital Campaign Office, 1111 Webster St., Fairfield, CA 94533  
707-425-4625 ex.109

**Mail Checks:**

Jimmy Doolittle Air & Space Museum Education Foundation  
P. O. Box 1540, Travis AFB, CA 94535