



# Charitable Donation Form

P.O Box 1000, STN Forces  
Astra ON, K0K 3W0

I would like to make a:

One-time Donation of: \$ \_\_\_\_\_

Monthly Donation of: \$ \_\_\_\_\_

Payment Information:

Cheque       Credit Card

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

If you would like to pay by cheque, please make it payable to The National Air Force Museum of Canada Foundation.