



MUSEUM DONATION FORM

Donor Information:

Name: Mr./Ms./Mrs./Capt./Dr. _____

Mailing Address: _____

Email: _____

Home Phone: _____ Work/Cell Phone: _____

Employee #: _____ Dept./Stn.: _____

Payment options for payroll deduction donations:

I designate my contribution by the amount indicated on this form and hereby authorize the assigned amount to be deducted from my payroll/benefit checks in the amount indicated.

Deductions begin on _____.

_____ Active- semi-monthly payroll check deductions

_____ Inactive (retired, disabled, survivor)- monthly benefit check deductions

I would like to donate the following amount:

_____ \$120 Annually (\$5 each paycheck for Active, \$10 each check for Inactive)

_____ \$240 Annually (\$10 each paycheck for Active, \$20 each check for Inactive)

_____ \$360 Annually (\$15 each paycheck for Active, \$30 each check for Inactive)

_____ \$480 Annually (\$20 each paycheck for Active, \$40 each check for Inactive)

_____ Other: \$ _____ Annually (\$ _____ each paycheck)

(Please note: Retired pilots are ineligible to payroll deduct.)

Payment options for one-time donations:

_____ Cash

_____ Please accept my check made payable to the **Delta Air Transport Heritage Museum.**

_____ Please charge my: _____ Visa _____ MasterCard _____ American Express

Name on Card: _____

Account Number: _____

Expiration Date: _____

Total donation amount: \$ _____.

Signature: _____ **Date:** _____

Please send your completed form to:

Delta Air Transport Heritage Museum, Inc.

P.O. Box 20585, Dept. 914

Atlanta, GA 30320-2585

Fax: (404) 715-2037

For more information, please call the Museum at (404) 715-7886.

Thank you for your support. The Delta Air Transport Heritage Museum, Inc. is a 501(c)(3) nonprofit organization. Contributions are tax-deductible to the extent allowed by law.