

Aircraft Sponsorship Checklist

(Rev. July 2020)

AIRCRAFT TO	BE SPONSORED			N#	
UNIT AIRCRAI	FT IS ASSIGNED ⁻	ТО			
DO YOU INTE	END TO PILOT TH	HE AIRCRAFT	YES	NO	
NAME SPONS	SORSHIP IS TO B	E RECORDED UN	DER		
ADDRESS					
PHONE NO.			EMAIL		
Type of Sponsorship	Total Amount	Deferred Payments	Amount of Initial Payment (10% Min)	All sponsorship privileges will be granted in accordance with Sec. 6 of the CAF Unit manual.	
Aircraft Sponsor	\$1,500 \$3,500 \$5,000 \$10,000	Yes No		The new sponsor must complete this form and return it to ensure the sponsorship is recorded. This form must be filled out and printed; all payments should be sent to CAF Headquarters at PO Box 764769 Dallas, TX 75376. Do not send form with credit card information electronically via email.	
Restoration Sponsor	\$700 \$1,750 \$2,500 \$5,000	Yes No		All deferred payments must be completed within a two (2) year period. All sponsorship privileges are granted upon full payment of the total sponsorship funds. Deferred Sponsorships that are not paid in full within two years will be considered donations to the aircraft and will not be recognized as completed sponsorships. Please use the form letter (on the next page) for deferred payments to establish a schedule. If you have any questions,	
Supporting Sponsor	\$150 \$350 \$500 \$1,000	Deferred Payments Not Available	XXXX	please contact the Development Office at development@cafhq.org or (214) 330-1700, x 105.	

Commemorative Air Force P.O. Box 764769 Dallas, TX 75376-9904

I wish to take advantage of the Aircraft Sponsorship Deferred Payment

Dear CAF Development Office:

Plan. I am placing down (minimum of 10%) and will pay							
the remainder in: Monthly Quarterly	Semi-annual Annua	installments of					
I am aware that my sponsorship wings, plaque and other privileges if applicable, will be granted upon completion of my obligations and that there will be no interest charged for participation under this plan.							
Additionally, I understand that if I am not able to make the payment schedule indicated above, I must contact the CAF Development Office and work out an alternate payment option. Should I fail to meet the deferred sponsorship time limit of two (2) years, all funds will be considered a donation to the aircraft account.							
NAME		COL. I.D.					
ADDRESS							
CITY	STATE	ZIP C	CODE				
AIRCRAFT & N-NUMBER							
SIGNATURE	DATE						
Payment enclosed Charge my care	d this amount						
Charge my card One time Monthy	Quarterly Sen annu		mpletion of the payments.				
CARD NUMBER		EXP. DATE					
CICNIATUDE							
SIGNATURE			DATE				

