Courage in the Skies Pledge Form

I/We _____ pledge to contribute the sum of _____ to the 100th Bomb Group Foundation in support of the "Courage in the Skies" initiative. This contribution will be made over a period of ____ years, with a first payment beginning in _____ (month) of _____ (year).

I/We prefer to pay our campaign pledge balance as follows:

☐ Monthly ☐ Quarterly ☐ Annually ☐ Other _____

Pledge Payment Method:

☐ Check payable to ***100th Bomb Group Foundation*** enclosed: $ _____

☐ I will continue to pay by check, or

☐ I will set up an automatic payment option with my bank, or

☐ I will pay by credit card, or

☐ I will pay by stocks or securities. Please contact me to initiate this process.

Employer Match:

☐ My employer _____ will match my gift. I will initiate the procedure right away by completing the matching gift form(s) required.

Planned Giving:

☐ Please send additional information on planned giving opportunities.

☐ I have remembered the 100th Bomb Group Foundation in my estate planning.

Your signature _____ Date_____

Print your name(s) _____

Your address _____

City/State/Zip _____

Your phone _____

Your email _____

Please mail completed form to: Laura Barrett, Membership Administrator, 405 Reel Avenue, Pittsburgh, PA 15229