

# Membership/Donation



Please enroll me as a member of the Southern California Historical Aviation Foundation, DBA the Western Museum of Flight

## **Annual Supporters Categories**

Annual Supporters receive one-year unlimited Free admission for one to the Museum, Celebrity Lectures, Quarterly Newsletter and access to the research library (Includes Membership Card). Patrons will have access to Special Events and will be listed in Annual publications.

Please select one:

___	\$50	Contributor
___	\$100	Friend
___	\$250	Family Member
___	\$500	Patron
___	\$1200	Bronze Patron
___	\$2500	Silver Patron
___	\$5000	Gold Patron

## **Legacy Donors - One Time Contribution Life Membership**

All Legacy donors receive unlimited access to the Museum, Curator Forums, Special Events and will be recognized in Museum Publications with permanent recognition on the Museum wall. Contributions may be pledged over several years.

Please select one:

___	\$10,000	Associate
___	\$15,000	Benefactor
___	\$25,000	Founder

Amounts may be pledged in monthly increments.

Please contact us for corporate membership details.

Please Print and Mail this form and payment to: Western Museum of Flight  
3315 Airport Drive Red Baron #3  
Or FAX to: 310-326-9556 Torrance, CA 90505

Please call if you have any questions: 310-326-9544

I WISH TO MAKE THE FOLLOWING TAX-DEDUCTIBLE CONTRIBUTION:

Please make check out to **SCHAF** Amount enclosed\_\_\_\_\_

(Please Print)  New Member  Donation  Gift  Renewal

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax No. \_\_\_\_\_ E-Mail \_\_\_\_\_

I prefer to charge my credit card:  Visa  MasterCard  Discover

Donation amount \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ Billing Zip code \_\_\_\_\_

Signature \_\_\_\_\_