Smithsonian
National Air and Space Museum

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WALL OF HONOR
ACCEPTANCE FORM

☐ **YES**, I wish to have a name inscribed on the Wall of Honor at the National Air and Space Museum's Steven F. Udvar-Hazy Center and be part of a permanent memorial to the people who have contributed to our aviation and space exploration heritage.

Donor Address Information

Prefix: _____ First Name: _____ Last Name: _____

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

NAME OF HONOREE The honoree is**:** ☐ Self ☐ Other (limit of 30 characters)

Please inscribe my name, or the name I am honoring, exactly as shown below:

Please send the Wall of Honor Certificate of Registry to (please check one):

☐ Me at the address above ☐ The Honoree at their address on the reverse

☐ Someone else to notify them of the inscription; Notificant address provided on the reverse

I have enclosed a special gift at the following level:

☐ $100 Air and Space **Friend**

☐ $500 Air and Space **Sponsor**

☐ $1,000 Air and Space **Leader**

☐ $5,000 Air and Space **Benefactor**

☐ $10,000 Air and Space **Patron**

Method of Payment (Please select one):

☐ My check, payable to the **National Air and Space Museum's Wall of Honor,** is enclosed.

☐ Credit card payment information is on the back of this form.

CERTIFICATE OF REGISTRY AND PROFILE

You will receive a personalized **Certificate of Registry** *(suitable for framing) that authenticates your honoree's commitment to aviation and space exploration and their place on the Wall of Honor at the National Air and Space Museum's Steven F. Udvar-Hazy Center. In addition, you will have the opportunity to* **submit a profile and photograph** *of your honoree. Visit airandspace.si.edu/WallofHonor.*

Please return to: National Air and Space Museum, Contribution Receipt Center, PO Box 9038, Pittsfield, MA 01202

Honoree Address Information

Hon. Prefix:_____ Hon. First Name: _____ Hon. Last Name: _____

Hon. Street Address: _____

Hon. Street Address 2: _____

Hon. City: _____ Hon. State: _____ Hon. Zip: _____

Hon. E-mail: _____

Notificant Address Information

Not. Prefix:_____ Not. First Name: _____ Not. Last Name: _____

Not. Street Address: _____

Not. Street Address2: _____

Not. City: _____ Not. State: _____ Not. Zip: _____

Not. E-mail: _____

Credit Card Payment:

Please charge my: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Card Number: | | | | | | | | | | | | | | | | Exp. Date: ☐☐ – ☐☐

Signature of Cardholder: _____

Cardholder Name (as it appears on the card): _____

Your entire contribution may be tax-deductible as a charitable gift.
Consult your tax advisor for details.