

## 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 Add	lress Information			
Prefix:	First Name:	Last Name:		
Street Address	S:			
Street Address	s 2:			
City:		State: Zip:		
Phone:		Email:		
		te is: ☐ Self ☐ Other (limit of 30 characters)  In honoring, exactly as shown below:		
Please send the Wall of Honor Certificate of Registry to (please check one):				
☐ Me a	t the address above $\Box$ The He	noree at their address on the reverse		
☐ Some	eone else to notify them of the in	cription; Notificant address provided on the reverse		
I have en	nclosed a special gift at the followi	ng level:		
<b>□</b> \$1	100 Air and Space <b>Friend</b>	\$500 Air and Space <b>Sponsor</b>		
<b>□</b> \$1	1,000 Air and Space <b>Leader</b>	□\$5,000 Air and Space <b>Benefactor</b>		
<b>□</b> \$1	10,000 Air and Space <b>Patron</b>	-		
	•			
Method	l of Payment (Please select one):			
		r and Space Museum's Wall of Honor, is enclosed.		
	dit card payment information is	-		
	1 /			

## 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.

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. Zip:			
Not. E-mail:					
Credit Card Payment:					
Please charge my: USA 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.