

HEADQUARTERS
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COMMEMORATIVE AIR FORCE MEMBERSHIP DUES **NEW** DONATION DEDUCTION AUTHORIZATION (U.S. ONLY)

MEMBER NAME	I.D	
APPLICATION DATE		
BANK	_CITY	STATE
ACCOUNT #		
ABA ROUTING #		
PLEASE CHECK ONE SAVINGS	☐ CHECKING	
I hereby authorize you to deduct from my accounderstand that this deduction shall cease: (a upon written notice by me to the Commemora zation, or (3) upon termination of this program you have agreed to remit dues donations.	I) upon termination of my mative Air Force of the cancel	nembership, or (2) lation of this authori-
A new CAF member will be commissioned at be eligible to vote beginning with the second (ing.		
I understand this authorization may be terminative Air Force. This authorization supersedes retained by the Commemorative Air Force.		
I have remitted \$19.00 with this application. I will start on the 5th day of the month immedia quarters receipt of my authorization.		
SIGNATURE	DATE	

THE CAF IS A PATRIOTIC ORGANIZATION DEDICATED TO THE PRESERVATION OF THE WORLD'S GREAT COMBAT AIRCRAFT