

**PARTNER IN FREEDOM
DONOR FORM**



Sheppard Military Affairs Committee

- | | | |
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Donor Information

Name/Business _____

Billing address _____

City _____ State _____ Zip _____

Telephone (Home) _____ (Business) _____

Fax: _____ Email _____

Donor Partnership - 3 year commitment - 2014 through 2016

I will support Sheppard Air Force Base at the following membership level (check one).

- | | |
|---|--|
| <input type="checkbox"/> 4 Star Partner (\$5,000 annually)
Total commitment: \$15,000 | <input type="checkbox"/> 3 Star Partner (\$2,500 annually)
Total commitment: \$7,500 |
| <input type="checkbox"/> 2 Star Partner (\$1,000 annually)
Total commitment: \$3,000 | <input type="checkbox"/> 1 Star Partner (\$500 annually)
Total commitment: \$1,500 |

- I/we pledge a total of \$ _____ to be paid annually for three years for a total commitment of \$ _____ .
- I/we wish to make a single contribution of \$ _____ .

Method of Payment

- Check is enclosed in the amount of \$ _____ made payable to Sheppard Military Affairs Committee.
- Please invoice my billing address.
- Please charge my credit card: MasterCard VISA
- Credit Card No: _____ Exp. Date _____
- I/we wish to have our donor support remain anonymous.

Signature _____ Date _____

Sheppard Military Affairs Committee is a 501(c)(3) nonprofit organization, Donations are tax deductible, subject to Internal Revenue Service stipulations.



Sheppard Military Affairs Committee

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