



Combat Helicopter Pilots Association

Sponsor Programs

Donation Form

IMPORTANT: If paying by credit card sponsors should provide billing address information related to the card used.

Please complete this form to submit your donation.

Name (Mr./Ms.) _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____
Web Site _____

Please enter the appropriate sponsor category and donation amount. Thank you.

- | Category | Amount |
|--|---|
| <input type="checkbox"/> Hover Level (\$500) | <input type="checkbox"/> \$25.00 |
| <input type="checkbox"/> Solo Level (\$1,000) | <input type="checkbox"/> \$50.00 |
| <input type="checkbox"/> Advanced Level (\$2,500) | <input type="checkbox"/> \$75.00 |
| <input type="checkbox"/> Cross Country (\$5,000) | <input type="checkbox"/> \$100.00 |
| <input type="checkbox"/> Instrument Level (\$10,000) | <input type="checkbox"/> \$250.00 |
| <input type="checkbox"/> Combat Level (\$20,000) | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> Individual Contributor (Select Amount at right) | |

Payment

Please select one:

- I will be paying my entire sponsorship now.
 I would like to pay my sponsorship in four quarterly payments. My first payment is included.

If you are paying by check, please make check payable to CHPA and return this order form and payment to:

CHPA
PO Box 2585
Peachtree City, GA 30269

If you would like to pay by credit card, please complete the information below and mail this application.

Credit Card: AMEX MC VISA (Circle one) Amount: \$ _____

Card Number: _____

Exp. Date: _____ Security Code: _____

Signature: _____

Please call 800.832.5144 or e-mail hq@chpa-us.org if you have any questions. Thank you.