

# YOU CAN FLY CHALLENGE MAIL-IN DONATION FORM

Please complete this form and mail to address below,  
or scan and email to: [AOPAFoundation@aopa.org](mailto:AOPAFoundation@aopa.org)



AOPA FOUNDATION

**AOPA Foundation  
421 Aviation Way  
Frederick, MD 21701**

Please **DOUBLE** my gift by applying the amount below to the  
**YOU CAN FLY CHALLENGE**, courtesy of the Ray Foundation



**NOTE: Donations must be made by August 31 to be DOUBLED through the You Can Fly Challenge.**

## Donor Information

AOPA Membership #: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please keep my donation anonymous.  Dedicate in honor/memorial as listed on next page.

## Contact Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Gift Amount

**One-Time** Donation -or-  **Monthly** Donation (*Credit Card info required.*)

\$1,000\*  \$500  \$100  \$50  Other Amount: \$ \_\_\_\_\_

\* Gifts between \$1,000 - \$9,999 qualify you to become a member of the AOPA Foundation Hat in the Ring Society

◆ \$1,000-2,499 - Individual Member    ◆ \$2,500-4,999 - Bronze Member    ◆ \$5,000-9,999 - Silver Member

## Payment Options

I have enclosed a check payable to "AOPA Foundation"

I would like the AOPA Foundation to charge my contribution to my credit card:

Card Type:  MasterCard  Visa  Discover  American Express

Card Number: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Cardholder Signature: \_\_\_\_\_ CVV Code: \_\_\_\_\_

I will make my contribution by ACH/EFT, wire transfer, or a gift of stock  
(*Instructions for these methods on next page.*)

***Thank you for building a stronger, safer pilot  
community to protect our freedom to fly!***

The AOPA Foundation is a 501(c)(3) organization (tax identification #20-8817225).  
All contributions to the AOPA Foundation are tax-deductible to the full extent allowed by law.

## Honorary/Memorial Gifts

I would like my gift to be:

In Honor Of...       In Memory Of...

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please send acknowledgment of Honorary/Memorial Gift to:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Employer Matching Donations



### ***DOUBLE YOUR IMPACT!***

Did you know that many companies match their employees' donations to the AOPA Foundation? Check with your employer to find out if they do!

My employer's matching gift form is enclosed.

## **AOPA Foundation - Contribution Payment Options**

Choose an option below to send your contribution to build a stronger, safer pilot community to protect our freedom to fly.

### **To make your gift by ACH/EFT, please use:**

Bank of America      ACH ABA #: 052001633  
730 15th Street, NW      Account #: 4467065558  
Washington, DC 20005

### **To make your gift by wire transfer, please use:**

Bank of America      Wire ABA #: 026009593  
100 N Tryon Street      Account #: 4467065558  
Charlotte, NC 28202      SWIFT Code: BOFAUS3N

### **To contribute a gift of stock, please use:**

DTC Eligible Securities  
To: Depository Trust Company  
Participant #: 2803 U.S. Bank N.A.  
Agent #: 26354  
Agent Internal #: 001050990741  
Contact Name: Matt Hanley, Cambridge Associates  
Contact Phone: 617.457.7515

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