Donation Form

Buffalo Niagara Honor Flight

The purpose of our organization is to transport America’s Veterans to Washington, D.C. to visit those memorials dedicated to honor the service and sacrifices of themselves and their friends.

Donor Information (please print or type)

Name
Billing address
City, ST  Zip Code
Phone  |  Cell
Email

Information

Donation total:  $__________________ Type:  □ Donation  □ Wheelchair Fund ($300)*

*— Includes an In Memory or Honor of patch to put on back of wheelchair

Donation or Wheelchair — In Memory/Honor Of _______________________________________________________________________

I (we) plan to make this contribution in the form of:  □ check  □ money order

Acknowledgement Information

Please use the following name(s) in all acknowledgements: ____________________________________________

□ I (we) wish to have our gift remain anonymous.

Please make checks, corporate matches, or other gifts payable to:

Buffalo Niagara Honor Flight

Mail to:
Buffalo Niagara Honor Flight
PO Box 426
Clarence, NY 14031