



**COMMEMORATIVE  
AIR FORCE**

HEADQUARTERS

P.O. Box 764769 Dallas, Texas 75376-4769  
(877) 767-7175 www.commemorativeairforce.org

**COMMEMORATIVE AIR FORCE MEMBERSHIP DUES  
DONATION DEDUCTION BANK DRAFT AUTHORIZATION (U.S. ONLY)**

MEMBER NAME \_\_\_\_\_ COLONEL # \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

BANK \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

ABA ROUTING # \_\_\_\_\_  SAVINGS  CHECKING

SELECT LEVEL & AMOUNT  COLONEL \$21/MONTH  PRESERVATION COLONEL \$28/MONTH

I hereby authorize the Commemorative Air Force (CAF) to deduct the above-selected amount on the 8<sup>th</sup> day of each month. I understand that this deduction shall cease: (1) upon the termination of my membership, (2) upon written notice by me to the CAF for the cancellation of this authorization, or (3) upon the termination of this program by the CAF under which I have agreed to remit dues donations.

I understand that I may vote at the next General Membership meeting provided I have been a member for at least 12 consecutive months.

I understand this authorization may be terminated at the sole discretion of the CAF. This authorization supersedes all previous similar authorizations and is to be retained by the CAF.

I have remitted \$21 or \$28 with this application per the level I selected above. I understand that deductions from my account will start on the 8<sup>th</sup> day of the month immediately following the receipt of my authorization at CAF Headquarters.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*The CAF is a 501 (c) 3 non-profit organization. No substantial goods or services were provided for this donation. Your donation is tax-deductible to the extent allowed by law.*