



*Our mission is to fund
research and champion
the care of military
and civilian survivors of
traumatic extremity injuries.*

Yes! I want to support the mission of the Airlift Research Foundation.

Name: _____

Address: _____

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Phone: _____ Email: _____

I/We want to make a pledge of \$ _____. Payable Quarterly Twice Yearly Annually

I/We want to make a one time gift of: \$5,000 \$1,000 \$500 \$250 Other _____

Form of payment: Check made payable to the Airlift Research Foundation

Please charge my gift: Master Card Visa American Express Discover

Account number: _____ Signature: _____

Expiration Date _____ CSC# on back of card _____

I/We wish for our gift to remain anonymous. My/my spouse's employer's matching gift form is enclosed.

Questions? Call the Airlift Research Foundation at: 1-800-720-5516

If you wish to be removed from future mailings, please notify us by calling 1-800-720-5516 or by email: info@airliftrf.org.

A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. Your gift is tax deductible to the full extent allowed by law.

Thank You!