



MAIL-IN DONATION FORM

Whether you are a long time ANGEL FLIGHT EAST supporter or are giving for the first time, thank you for your donation. It will make an impact on the lives of children and adults in need of non-emergency air travel for serious medical conditions and other compelling needs.

PLEASE **PRINT** :

Name as it appears on card: _____

Billing Address: _____

City: _____ St: _____ Zip: _____

Telephone: () _____

Email Address: _____

My Check made payable to ANGEL FLIGHT EAST is enclosed

CREDIT CARD # _____ DONATION AMOUNT: \$ _____

SECURITY CODE: _____ EXPIRATION DATE _____

I would like to become a recurring monthly donor.
Please charge my credit card \$ _____ for 12 months.

This donation is: In Honor In Memory

This donation is in memory/honor of:

Please send acknowledgement to honoree or family

Name:

Address

City _____ State _____ Zip _____

Sentiments/Message:

I HEREBY AUTHORIZE ANGEL FLIGHT EAST TO CHARGE THE ABOVE REFERENCED ACCOUNT:

SIGNATURE: _____ DATE: _____

ANGEL FLIGHT EAST is exempt under Section 501(c) (3) of the IRS. Your donation is tax deductible.
You will receive a formal thank you letter for tax purposes.

Mail to:

ANGEL FLIGHT EAST
1501 Narcissa Road
Blue Bell, PA 19422