



Pledge Form

LAND OF LINCOLN HONOR FLIGHT
Springfield, Illinois 62703

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information:

I (we) pledge a total of \$ _____ to be paid:
 ____ now ____ monthly ____ quarterly ____ yearly

THIS DONATION IS IN ____ Honor or ____ memory of _____ WW II Veteran.

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

Gift will be matched by _____ (company/family/foundation)
 ____ form enclosed ____ form will be forwarded.

Acknowledgement Information:

Please use the following name(s) in all acknowledgements, as well as on your web site "LLHF Honor Roll".

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

Signature(s)	Date
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Please make checks, corporate matches, or other gifts payable to:

Land of Lincoln Honor Flight

Mail to:

Land of Lincoln Honor Flight
57 Country Place
Springfield, IL 62703