

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