



# Combat Helicopter Pilots Association

## Sponsor Programs

### Donation Form

*IMPORTANT: Small Business Donors should provide contact information for their place of business.*

**Please complete this form to submit your donation.**

Name (Mr./Ms.) \_\_\_\_\_  
Company (Small Business Donor Only) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Web Site (Small Business Donor Only) \_\_\_\_\_

**Please enter the appropriate sponsor category and donation amount. Thank you.**

Category	Amount	
<input type="radio"/> Master Donor (\$2000 and Higher)	<input type="radio"/> \$25.00	<input type="radio"/> \$500.00
<input type="radio"/> Senior Donor (\$1000-\$1999)	<input type="radio"/> \$50.00	<input type="radio"/> \$1000.00
<input type="radio"/> Donor (\$500-\$999)	<input type="radio"/> \$75.00	<input type="radio"/> \$1500.00
<input type="radio"/> Individual Contributor	<input type="radio"/> \$100.00	<input type="radio"/> \$2000.00
	<input type="radio"/> \$250.00	<input type="radio"/> Other \$ _____

#### **Payment**

Please select one:

- I will be paying my entire sponsorship now.
- I would like to pay my sponsorship in four quarterly payments. My first payment is included.

If you are paying by check, please make check payable to CHPA and return this order form and payment to:

CHPA  
PO Box 42  
Divide, CO 80814-0042

If you would like to pay by credit card, please complete the information below and mail this application, or fax it to 719-687-4167.

Credit Card: AMEX MC VISA Amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Please call 800.832.5144 or (719) 687-4131, or e-mail HQ@chpa-us.org if you have any questions. Thank you.