Smithsonian
National Air and Space Museum

WALL OF HONOR

ACCEPTANCE FORM

☐ **YES**, I wish to have my name inscribed on the Wall of Honor at the National Air and Space Museum's Steven F. Udvar-Hazy Center and be part of a permanent memorial to the people who have contributed to our aviation and space exploration heritage.

WOHW1

Prefix _____ First Name _____ Last Name _____ Suffix _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____ Email _____

NAME OF HONOREE The honoree is: ☐ Self ☐ Other

Please inscribe my name or the name I am honoring exactly as shown below: (limit of 30 characters)

If you would like the certificate mailed directly to an honoree other than yourself, please complete the information on the reverse.

I have enclosed a special gift at the following level:

☐ $100 Air and Space **Friend**
☐ $500 Air and Space **Sponsor**
☐ $1,000 Air and Space **Leader**
☐ $5,000 Air and Space **Benefactor**
☐ $10,000 Air and Space **Patron**

Please add my name to the foil reserved by the following organization:

☐ Distinguished Flying Cross Society
☐ F-86 Sabre Pilots Association
☐ F-100 Suber Sabre Society
☐ Retired United Pilots Association

Membership status will be verified with the organization. Engraving may be modified to comply with the standard format for that foil.

Method of Payment (Please select one):

☐ My check, payable to the **National Air and Space Museum's Wall of Honor,** is enclosed.
☐ Credit card payment information is on the back of this form.

CERTIFICATE OF REGISTRY AND PROFILE

You will receive a personalized **Certificate of Registry** *(suitable for framing) that authenticates your honoree's commitment to aviation and space exploration and their place on the Wall of Honor at the National Air and Space Museum's Steven F. Udvar-Hazy Center. In addition, you will have the opportunity to* **submit a profile and photograph** *of your honoree. Visit airandspace.si.edu/wallofhonor.*

Please return to: National Air and Space Museum, Smithsonian Institution, PO Box 92192, Washington DC 20077-7130

Honoree Address Information

☐ Please send the Certificate of Registry directly to my honoree at the following address:

Hon. Prefix:_____ First Name: _____ Hon. Last Name: _____

Hon. Street Address: _____

Hon. City: _____ Hon. State: _____ Hon. Zip: _____

Hon. E-mail: _____

Credit Card Payment:

Please charge my: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date: ☐☐ – ☐☐

Signature of Cardholder: _____

Cardholder Name (as it appears on the card): _____

Your contribution may be entirely tax-deductible.
Consult your tax advisor for details.