

STANDARD CATEGORY AIRCRAFT RIDE

This form must be filled out and send to CAF HQ for all **STANDARD CATEGORY AIRCRAFT RIDES**. Fill out the form only for the person that paid for the ride(s), which are deposited and kept by the Unit, which cost \$75 or more. This form will be forwarded to CAF-HQ for a tax deduction letter to be created to the donor.

DONOR INFORMATION (Person that paid for the ride)	
NAME	
ADDRESS	
PHONE #	
E-MAIL ADDRESS	
CAF or AAHM member #	<input type="checkbox"/> CAF Col. <input type="checkbox"/> CAF Assoc. <input type="checkbox"/> CAF Cadet <input type="checkbox"/> AAHM Co-Pilot

DONATION INFORMATION	
Aircraft N#	
Date of Ride	
Amount of Ride (s)	\$
Minus 25% (CAF HQ will figure this amount)	\$
Net Donation (75% of ride)	\$
Name of CAF member accepting donation	Please print
Colonel No.	
CAF Unit Affiliation	