



COMMEMORATIVE AIR FORCE

AIRCRAFT SPONSORSHIP CHECKLIST

(Rev. Jan. 2008)

AIRCRAFT TO BE SPONSORED _____ N# _____

AIRCRAFT ASSIGNED TO _____

AIRCRAFT COORDINATOR _____

NAME SPONSORSHIP IS TO BE RECORDED UNDER _____

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

TYPE OF SPONSORSHIP	DEFERRED PAYMENTS	AMOUNT OF INITIAL PAYMENT (10% MINIMUM)
Aircraft/ Pilot SPONSOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
RESTORATION SPONSOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SUPPORTING SPONSOR	NOT AVAILABLE	XXX

If the new sponsor chooses deferred payments, please refer to Section 8 of the CAF Unit Manual for details.

Please use the form letter (on the reverse) for new sponsors who choose deferred payments to establish a schedule for payment. The **new sponsor must complete this form** and return it to Headquarters to ensure the sponsorship account is established and monitored accurately.

All deferred payments must be completed within a two (2) year period. Please remind new deferred payment sponsors that all sponsorship privileges are granted upon full payment of the total sponsorship funds.

Deferred Sponsorships that are not paid in full within two years will be considered donations to the aircraft and will not be recognized as completed sponsorships.

All sponsorship privileges will be granted in accordance with Section 8 of the CAF Unit Manual.

If you have any questions, please contact Headquarters.

COMMEMORATIVE AIR FORCE
P.O. BOX 62000
MIDLAND, TX 79711-2000

DEAR SIR OR MADAM:

I wish to take advantage of the Sponsorship Deferred Payment Plan. I pledge my \$_____ sponsorship to the _____. I am placing \$_____ down (minimum of 10%) and will pay the remainder in _____ installments of \$_____.

Payments should be made at least quarterly, however, you may pay as often as you choose provided you meet your established payment schedule.

I am aware that my sponsorship wings, plaque and privileges will be granted upon completion of my obligations and that there will be no interest charged for participation under this plan.

Additionally, I understand that if I am not able to make the payment schedule indicated above, I must contact Headquarters and work out a payment option. Should I fail to meet the deferred sponsorship time limit of two (2) years, all funds will be considered a donation to the aircraft account.

NAME _____ **COL. I.D.** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

AIRCRAFT & N-NUMBER _____

SIGNATURE _____ **DATE** _____