

Air & Space Gala

AUCTION DONATION FORM

Company Name (as it should appear in program):

Address: _____

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Phone: _____ **Fax:** _____

Donor/Contact Person: _____

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Donation: _____

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Restrictions: _____

Retail Value (if any): _____

Signature of Donor: _____ **Date:** _____

- Item enclosed with this form
- Item **SHOULD** be delivered to the Cradle of Aviation by October 31, 2024

THANK YOU FOR YOUR SUPPORT!

Cradle of Aviation Museum
Attn: Carol Nelson
Charles Lindbergh Blvd., Garden City, NY 11530
Phone: (516) 572-4026 Fax: (516) 572-4079