



**NEW BRUNSWICK AVIATION MUSEUM  
DH 100 VAMPIRE & F-86 SABRE CAMPAIGN DONATION FORM**



*Honouring Our Past, Inspiring Our Future*

**DONOR INFORMATION**

**NAME:** \_\_\_\_\_

Donation on behalf of an organization

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**RECOGNITION NAME:** \_\_\_\_\_

I wish to remain anonymous       Please contact me about future programs and events

**DONATION DETAILS**

**OPTION A – I WOULD LIKE TO MAKE A ONE TIME DONATION OF: \$** \_\_\_\_\_

**OPTION B – I WOULD LIKE TO PLEDGE A TOTAL GIFT OF: \$** \_\_\_\_\_ **OVER** \_\_\_\_\_ **YEARS**

**FIRST PAYMENT AMOUNT:** \_\_\_\_\_ **PAYMENT DATE:** \_\_\_\_\_

**SECOND PAYMENT AMOUNT:** \_\_\_\_\_ **PAYMENT DATE:** \_\_\_\_\_

**THIRD PAYMENT AMOUNT:** \_\_\_\_\_ **PAYMENT DATE:** \_\_\_\_\_

**OTHER PAYMENT SCHEDULE:** \_\_\_\_\_

**OPTION C – I WOULD LIKE TO PLEDGE A GIFT OF: \$** \_\_\_\_\_ **EACH MONTH FOR #** \_\_\_\_\_ **MONTHS**

**FIRST PAYMENT DATE:** \_\_\_\_\_ **FINAL PAYMENT DATE:** \_\_\_\_\_ **TOTAL PLEDGE: \$** \_\_\_\_\_

**TAX RECEIPT REQUIRED:**     **YES**     **NO**

**SIGNATURE:** \_\_\_\_\_

**PAYMENT INFORMATION**

**CHEQUE (PAYABLE TO NB AVIATION MUSEUM, INC)**

**CREDIT CARD** (<https://www.canadahelps.org/en/charities/new-brunswick-aviation-museum-inc/campaign/Vampire-and-Sabre/>)

The New Brunswick Aviation Museum is a registered charity.  
Your support will enable the New Brunswick Aviation Museum to preserve Canadian aviation history  
and to inspire future aviators and aerospace leaders.

**THANK YOU FOR YOUR SUPPORT!**

New Brunswick Aviation Museum, 1753 Rte 118, Doyle's Brook, NB E9E 2H8  
Charitable Registration Number: 803212737 RR 0001