

Check one: (Value based on museum admission once a month for 12 months and cost of extras.)

\$75 Individual *Over \$567.00 Value!*

- FREE Museum admission for 1 year (including monthly Living History Days) and Entry into our Member Only Flight Raffle (Must be present to enter & win. Must be 16 years of age or older to ride.)
- ◆ 1 Planes of Fame Air Show Ticket, good any one day
- ◆ 10% Discount in Gift Shop
- ◆ Subscription to Planes of Fame Newsletter and "CONTACT!" Journal
- ◆ Invitations to Special Events

\$150 Family *Over \$870.00 Value!*

- ◆ Benefits of Individual Membership for 2 adults & 2 children under 18 living in same household max of 4 total family members.
- ◆ Upgrade to 4 Planes of Fame Air Show tickets, good any one day

\$250 Silver *Over \$1,070.00 Value!*

- ◆ Benefits of Family Membership
- ◆ 10, One-time Admission to Museum Guest Passes
- ◆ Open Cockpit Day
- ◆ Planes of Fame Logo Gift

\$500 Gold *Over \$1,580.00 Value!*

- ◆ Benefits of Silver Membership
- ◆ Upgrade to a 15% Discount in Gift Shop
- ◆ Upgrade to 15, One-time Admission to Museum Guest Passes
- ◆ 2 VIP Wristbands to the Air Show

\$1,000 Platinum *Over \$2,190.00 Value!*

- ◆ Benefits of Gold Membership
- ◆ 2 Chairman's Club Tickets to the Air Show (RSVP required)
- ◆ Donor Wall Recognition

\$10,000 + Jim Maloney Memorial - LIFETIME MEMBERSHIP

- ◆ Benefits of Platinum Membership for Life
- ◆ Upgrade to 20% Discount in Gift Shop
- ◆ Upgrade to 20, One-time Admission to Museum Guest Passes
- ◆ Facility rental discount
- ◆ Upgrade to 4 Chairman's Club Tickets to the Planes of Fame Air Show

Planes of Fame Air Museum
14998 Cal Aero Dr.
Chino, California 91710 U.S.A.
www.planesoffame.org

Mail this form to the above address or FAX it-to 909-597-4755. You can also join/renew online at www.planesoffame.org

YES, you have my support! Here is my tax-deductible donation of \$ _____

Name: _____

Enclosed is a check payable to **Planes of Fame Air Museum.**

Address: _____

Please charge my credit card:

City: _____

Visa Discover Discover AMEX

State: _____ Zip: _____

Card Number: _____ - _____ - _____

Country: _____ Postal Code: _____

Expiration Date: _____

Phone: _____

E-mail address: _____

Signature: _____