

## Heritage Stone Application Form

### Donor's Information

Name	
------	--

### Address:

Apt/Street	
City	
Prov/State	
PC/Zip	
Phone #	
email	

### Method of Payment:

Cheque	\$175 payable to the "Comox Valley Air Force Museum Association"	
MC/Visa	Card #	Expiry mm/yy

Tax Receipt Required (Circle one)	Yes	No
-----------------------------------	-----	----

Donor's Signature		Date	
-------------------	--	------	--

### Stone Information.

**Line 1.** (Please print legibly, 20 Letters/Spaces maximum)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Line 2.** (Please print legibly, 25 Letters/Spaces maximum)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Line 3.** (Please print legibly, 20 Letters/Spaces maximum)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**NB:** Please verify your text. We will have the stone engraved exactly as you write it, however, we will call you if we have any questions.

**Please print out this page and mail it to:**

Comox Valley Air Force Museum Association  
PO Box 1000, Stn Forces.  
Lazo, BC. V0R 2K0.  
Ph: (250) 339-8162

**Or fax to:** (250) 339-8162