

Air & Space Gala

AUCTION DONATION FORM

Company Name (as it should appear in program):

Address: _____

City, State, Zip _____

Phone: _____ **Fax:** _____

Donor/Contact Person: _____

Email: _____

Donation: _____

Description: _____

Restrictions: _____

Retail Value (if any): _____

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

☐ Item enclosed with this form

☐ Item **SHOULD** be delivered to the Cradle of Aviation by November 13, 2015

THANK YOU FOR YOUR SUPPORT!

Cradle of Aviation Museum 

One Davis Avenue, Garden City, NY 11530
Phone: (516) 572-4026 Fax: (516) 572-4079