A REALLY GREAT REMEMBRANCE – A VERY SPECIAL GIFT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____E-Mail: _____

Brick Pricing:

One brick with up to three lines:	150.00
One brick with one line of text and a logo: (please circle desired logo) • Captain's Wing logo • FA Wing logo • FE Wing logo • AE Capt. Wing logo • AE/FA Wing logo • AA logo • TWA logo • CARE logo	150.00
If you wish to purchase a second (Dup) presentation brick:	25.00
Remake (NOT OUR MISTAKE):	50.00
Move Brick to Different Location:	50.00

Payment Information:

Payment by:
Check made payable to CR SMITH MUSEUM

Payment by Credit Card:
___Visa ___MasterCard
___AMEX ___Discover

Name: _____

Card #: _____

Expires: _____ (3 Digit Code) _____

SIGNATURE: _____

Payment by Payroll deduction:
Deduct the following amount from my paycheck as specified:
__15.00 per month for 10 months 150.00
_____ per month for 10 months _____

Employee #: _____

Station/Branch: _____

Payroll Type: _____Company Code: _____
Company Code appears in upper left hand corner of paycheck stub or e-pays statement.

Names and/or information desired on brick:

Up to three lines and a maximum of sixteen letters/numbers/spaces per line

Line 1: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Line 2: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Line 3: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

If logo is desired, print name on first line and which logo you prefer on second line.

Forward completed order form and appropriate payment to:

U.S. Mail: **C.R. Smith Museum**
P.O. Box 619617, MD 808
DFW Intl. Airport, TX. 75261-9617

Company Mail: **C.R. Smith Museum**
MD 808 GSWFA

Phone: 817-967-5904 **Fax: 817-967-5737** **E-mail: info.crsmithmuseum@aa.com**