



Staff Use: First Year of Membership _____ Personify Loaded _____
 Spreadsheets _____ Cmte loaded _____
 Tax Receipt and Pins Sent _____ CEO Note Sent _____

MOAA Heritage Society Individual Application

Join online, mail application to address below or call MOAA at 1-800-234-6622.

Thank you for joining the MOAA Heritage Society! Your fully tax-deductible support through this 5-year, unrestricted financial contribution in support of MOAA military family programs represents a significant leadership commitment to our organization at a time of great need for uniformed service members, veterans and their families. On behalf of our Board of Directors and over 350,000 members nationwide, thank you for your truly uncommon generosity and confidence in our mission.

Please complete all fields in the application below:

Date of Application: _____

Your Rank/Title/Name: _____

Your Spouse's Rank/Title/Name: _____

Exact spelling of how you want your name(s) listed on recognition materials and displays:

Address: _____

City: _____ State: _____ Zip: _____

Best Phone: _____ Alt. Ph: _____

Email Address: _____

Desired Level of Membership: (Note: MOAA LIFE Membership required, if eligible)

- Platinum: \$10,000 each year for five years, or total \$50,000**
- Gold: \$5,000 each year for five years, or total \$25,000**
- Silver: \$1,000 each year for five years, or total \$5,000**
- Bronze: \$250 each year for five years, or total \$1,250**

Signature: (required) _____

(Note: This is not a legally binding pledge but a statement of intent to contribute the full five-year amount. Members may withdraw from the Society at any time should personal circumstances change.)

PAY BY CHECK: Make check payable to: "The MOAA Foundation"

The MOAA Foundation
 Attn: MOAA Heritage Society
 P.O. Box 1555
 Merrifield, VA 22116-1555

- Annual contribution check for my five-year pledge
- One-time, full payment check for my five-year pledge

PAY BY CREDIT CARD:

Card #: _____ Bill my card monthly for five years
 Exp. Date: _____ CV Code: _____ Bill my card annually for five years
 Name on card: _____ Bill my card one-time, full 5-yr. payment