

# A REALLY GREAT REMEMBRANCE - A VERY SPECIAL GIFT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

ALL MASTER BRICKS ARE \$150.00 DUP BRICK IS \$25.00

One brick with up to three lines _____	150.00
One brick with one line of text and a Captain's wing logo _____	"
One brick with one line of text and a FA Wing Logo _____	"
One brick with one line of text and a FE wing logo _____	"
One brick with one line of text and a AE Capt. wing logo _____	"
One brick with one line of text and a AE/FA wing logo _____	"
One brick with one line of text and the AA logo _____	"
One brick with one line of text and the TWA logo _____	"
One brick with one line of text and the CARE logo _____	"
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

EACH BRICK PURCHASED ENTITLES YOU TO 4 Free Admissions to the Museum:

*If purchasing a membership, visit [www.crsmithmuseum.org](http://www.crsmithmuseum.org) for the application form and membership details. Please complete the membership application form and subtract \$25.00 from the total due. Mail the completed membership form along with your payment less \$25.00 to the address below. If paying by credit card or payroll deduct, you may also fax or e-mail your completed membership form to the fax/e-mail address listed below.*

## Payment Information for Brick ONLY:

Payment by:  
Check made payable to CR SMITH MUSEUM

Payment by Payroll deduction:  
Deduct the following amount  
from my paycheck as specified:

Payment by Credit Card:  
\_\_\_ Visa \_\_\_ MasterCard  
\_\_\_ AMEX \_\_\_ Discover

\_\_\_13.50 per month for 10 months 135.00  
\_\_\_15.00 per month for 10 months 150.00  
\_\_\_\_\_ per month for 10 months \_\_\_\_\_

Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

Card #: \_\_\_\_\_

Station/Branch: \_\_\_\_\_

Expires: \_\_\_\_\_ (3 Digit Code) \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

## 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: 817-967-5534

Fax: 817-967-5737

E-mail: [info.crsmithmuseum@aa.com](mailto:info.crsmithmuseum@aa.com)