

hard cover
200 Photos - 336 pages

ORDER NOW!

**Until further
advised:**

**Price \$40 Includes
Shipping & Handling**

SAM Foundation
PO Box 5000 Stn Main
Shearwater, NS B0J 3A0

You may Fax your order to 1-902-461-1610 OR
Phone it toll free to 1-888-497-7779 OR
Email: samf@samfoundation.ca

Order Form:

I would like to order ____ copies of "The bonnie" Book

My cheque is enclosed ____

Mastercard OR VISA

Card # _____

Expiry ____/____ Plus 3 # security code on back of

Card _____

Name: _____

Address: _____

City _____ Prov _____

Postal Code _____

Phone () _____

SAMF Mailing Address:

SAM Foundation
PO Box 5000 Stn Main
Shearwater, NS B0J 3A0

Phone: 902-461-0062 or
Toll Free: 1-888-497-7779
Fax: 902-461-1610

Email: samf@samfoundation.ca

Pull out Section

SAMF MEMBERSHIP FORM

Note: **Membership year is 1 Jan - 31 Dec**

NAME _____

Address: _____

City _____ Prov _____

Postal Code _____

Phone: _____

Email _____

Status: Life \$500 (one time only) Patron \$250 yr

Sustaining \$100 yr Regular \$50 yr

Additional donation: \$ _____ for

Building Fund Artifacts In Memory

Firefly, Avenger Restoration, Building Fund,

WARRIOR, In Honour, No specific Category

Note: If "in memory" or "In Honour" please provide name
and address for recipient for family to receive a letter of
acknowledgement from our Secretary.

Name _____

Address _____

City _____ Prov _____

Postal Code _____

Payment Method: Money Order, Cash, Cheque,
VISA or MASTERCARD

Exp Date ____/____ Plus 3 # security code on back of

Of card _____

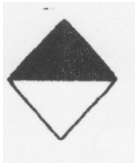
When your donations total \$1000 or more, your name will
be added to our Donor Recognition Board. Check with
our secretary to see how close you are to having your
name on the Donor Recognition Board.

Guidelines for designing your “Wall of Honour” Tile.

The tile used is made from high quality marble which is 12 inches square. The tile can be sand blasted in various ways to suit your wishes. All lettering will be in upper case and the tile will be mounted in the diamond orientation as opposed to a square orientation. All Text will run horizontally across the tile.

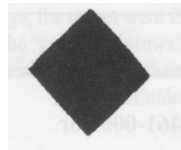
The options are:

- Option A:** One half tile 12" X 12" x 17" and triangular in shape with up to 5 rows of 3/4" letters for a maximum of 60 letters and spaces. The longest row can accommodate up to 20 letters and spaces. The remaining 4 rows will decrease in length as the border/edge of the tile dictates. It should be noted that the upper half of the tile will start with a short row and the bottom half will start with a long row.
- Option B:** The full tile with up to 6 rows of 1" letters for a maximum of 55 letters and spaces. The two centre rows can accommodate up to 16 letters and spaces. The remaining rows will decrease as the edge of the tile dictates.
- Option C:** The full tile with up to 10 rows of 3/4" letters for a maximum of 120 letters and spaces. The two centre rows can accommodate 20 letters and spaces. The remaining rows will decrease as the edge of the tile dictates.
- Option D:** The “Buddy” Tile - sold only as a full tile. This tile is divided into 4 quarters - each 6" X 6". Each quarter can accommodate up to 6 rows of 1/2" letters for a maximum of 48 letters and spaces. The two centre rows can accommodate up to 12 letters and spaces with the remaining rows decreasing as the tile edge dictates.



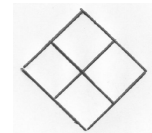
Option A

\$300



Option B & C

\$600



Option D

\$600

Wall Tiles may be purchased through monthly installments.

Half Tiles - \$100 day of purchase - \$100 per month for the following two months.

Full Tiles - \$200 day of purchase - \$ 100 per month for the following four months.

Continued next page

The colour of the tile will be 'Belmont Rose'. If the submission requires any alteration, the subscriber will be contacted by phone or email by the coordinator for further discussion.
REMEMBER TO COUNT THE SPACES!

From:

NAME: _____

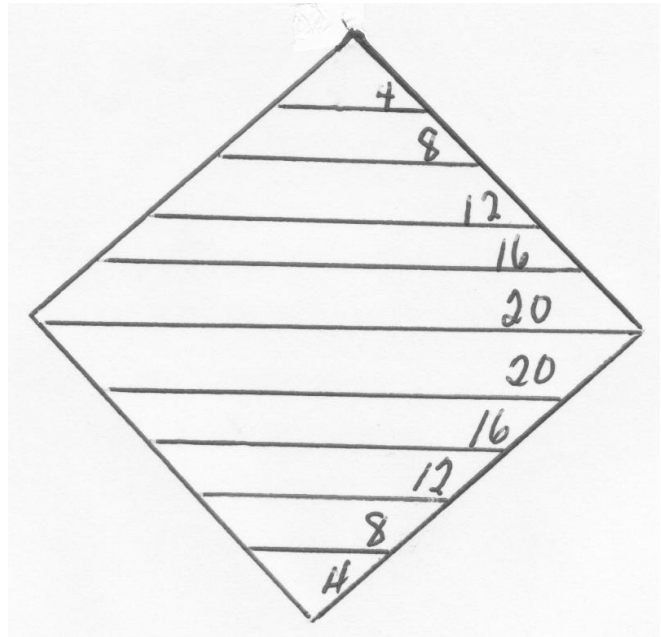
ADDRESS: _____

CITY: _____

PROV: _____ POSTAL CODE: _____

TELEPHONE: _____

EMAIL: _____



TYPICAL OPTION 'C' above

CIRCLE CHOICE: OPTION 'A' OPTION 'B' OPTION 'C' OPTION 'D'

Method of Payment: Cheque (made payable to SAMF or SAM Foundation) Money Order Cash

VISA/MASTERCARD Card # _____ Exp.Date: _____

3 # Security code on back of card _____

For further information, please call the SAMF Secretary: Toll Free: 1-888-497-7779 or (902) 461-0062

Fax (902) 461-1610 Email: samfoundation@sympatico.ca

Please check engraving details for accuracy before sending. We cannot be responsible for misspelled words on your order form.



There are two primary ways in which gifts may be made to the Shearwater Aviation Museum Foundation: by giving a gift of money or securities as a Gift (Inter Vivos) or by making provision in your Will for the giving of a gift to the Foundation. Remember, a Will "speaks" for us from the date of death, since Wills are revocable and thus any Tax Benefits of a gift to the Foundation, through a Will, cannot be realized until one dies. A gift (Inter Vivos) i.e. a gift NOW does benefit from a **reduced rate of Income Tax**. So don't wait for Spring - DO IT NOW!

Requests made by Will: In your Will, you may leave a lump sum bequest or a bequest of a specified percentage of the remainder of your estate, or a bequest specified as "the rest and residue of your estate" to the Foundation. You may also make a gift of property or securities (stocks, T Bills, bonds, GIC's) to the Foundation by means of a provision in your Will.

Income Tax Benefits: A bequest made by your Will confers an important advantage to your estate when the bequest is made to a Charitable organization such as the Shearwater Aviation Museum Foundation. Your lawyer or financial advisor can advise you on such advantages and the implications or limitations of such bequests.

Request of Life Insurance: The gift of a Life Insurance Policy can be an effective way of offering a benefit to the Foundation on your death. You may either give an existing policy which you may no longer need, or a new policy obtained specifically for the purpose of making a donation to the Foundation. In both cases, the Income Tax benefits of such gifts can be very important to the foundation and to you. Consult with your Insurance Agent re the specifics of such benefits.

Or **BY MEANS OF A SIMPLE CODICIL TO YOUR CURRENT WILL.** (The following is a simple Codicil which can be added to your present Will.)

"Codicil to the Last Will and Testament of _____"

Which Last Will and Testament is dated this ____ Day of _____, 20____. I hereby add to that said Will as follows:

I give, devise and bequeath to the Shearwater Aviation Museum Foundation the sum of \$ _____

to be paid out of my general estate.

Signed and dated this ____ Day of _____, 20____

In the City of _____ Province of _____ Postal Code _____

Witness: _____ Witness: _____

Signature of Testator

Address: _____ Address: _____

**Support
the
Shearwater Aviation Museum Foundation**