



The Most Trusted Wings In Aviation®



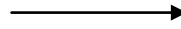
MAIL TO



Phillips 66® Aviation –
Compassion Flights
P.O. Box 965021
Orlando, FL 32896-5021
Fax: (866)-650-3870



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Phillips 66® Aviation Compassion Flight Fuel Rebate Claim Form

Mission Coordinated and Approved by (select one)

- | | |
|---|---|
| <input type="checkbox"/> Airlift Hope America – administered by
Mercy Medical Airlift | <input type="checkbox"/> Angel Flight Oklahoma |
| <input type="checkbox"/> Angel Flight Central | <input type="checkbox"/> Angel Flight South Central |
| <input type="checkbox"/> Angel Flight Mid-Atlantic – administered by
Mercy Medical Airlift | <input type="checkbox"/> Angel Flight Southeast |
| <input type="checkbox"/> Angel Flight Northeast | <input type="checkbox"/> Mercy Flight Southeast |
| | <input type="checkbox"/> Angel Flight West |

Mission ID No.	
Mission Flight Date	
Aircraft N-Number	
Name (As it appears on your credit card)	
Address	
City	
State	
Zip Code	
Phillips 66® Aviation Personal Credit Card Number	
Eligible Mission Fuel Purchases (gallons)	

1. Submit a separate claim for each mission flight.
2. **ATTACH YOUR AVGAS (100LL) CREDIT CARD RECEIPT(S)**
3. Claim must be submitted within 90 days of actual flight date.
4. Rebate will be issued as a credit by GE on your Phillips 66 Aviation Personal Credit Card account statement within 2-3 billing cycles of receipt of the completed claim form.
5. I certify that this claim form is true and correct, that I am a member of the above checked 501(c)(3) charitable organization, and that I flew the mission flight approved and assigned to me by the above organization.

Cardholder Signature (Pilot): _____

Printed Name: _____