

# Mail-in Submission Form

Rules and regulations apply, please check online (amerair.com/ameraircares) for more information. If you do not have access to a computer please contact our office at: 409-842-2402

**ALL FORMS MUST BE RECEIVED IN OUR OFFICE BY:  
CLOSE OF BUSINESS (4:30 p.m.) ON April 30, 2026**

(Be kind and write clearly, we appreciate it!)

First, tell us about you...

Your First and Last Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Now, tell us about who you want to nominate...

Their First and Last Name: \_\_\_\_\_

Their Phone Number: \_\_\_\_\_

Their Email Address: \_\_\_\_\_

Their Home Address: \_\_\_\_\_

In your words, tell us how we can help your deserving person (you may attach additional pages, if needed). **This section must be completed in some way:**

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Please return form to: American Air Systems, Inc.  
C/O AmerAirCares  
PO Box 7017  
Beaumont, TX 77726

**Remember to mail in time to be received in our office by April 30, 2026!**