



Donation Form

Yes, I support the International FOP Association! Enclosed is my:

\$25 Annual Membership Fee

Donation:

\$500 \$250 \$100 \$50 \$25 Other \$ _____

Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Email: _____

Telephone: _____ Cell: _____

Method of Payment:

Check payable to: IFOPA

Credit Card (choose one): Visa MasterCard American Express Discover

Total amount to be charged: \$ _____

Card No.: _____ Expiration Date: _____ CSC: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Is your donation in Honor/Memory of someone? Yes No

If yes, Honor or Memory enter full name: _____

Unless you indicate NO below, we will share your contact information and donation amount with the named individual/family, if the name is in our database.

May we share your contact information? Yes No

May we share the donation amount? Yes No

Matching Gift Form: I have enclosed my matching gift form.

Employers Name: _____

Please mail to: International FOP Association, 1520 Clay St. Ste. H2, North Kansas City, MO 64116

Thank you for your support!