



Donation Form

I support the International FOP Association with the enclosed donation.

Donation:

Please make your check payable to the IFOPA.

\$1,000 \$500 \$250 \$100 \$50 Other \$ _____

Please use my/our gift for:

Greatest Need Competitive Research Grants LIFE Awards Research

Other _____

Please contact me about setting up a recurring gift so I can give monthly or quarterly.

Donor Information:

Name: _____

Address: _____

City/Province: _____ State: _____ Zip/Postal: _____

Country: _____ Email: _____

Telephone: _____ Cell: _____

In Honor/Memory:

Please dedicate my gift in honor or in memory of: _____

Message: _____

Unless you indicate NO, 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 amount? Yes No

Employer Match:

Please include any paperwork required by your employer to match your gift.

Employer: _____

Employee name: _____

Employee email: _____

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

Thank you for your support!