



## 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 \$ \_\_\_\_\_

Make my/our gift anonymous

Please list my/our name in donor publications as \_\_\_\_\_

*Please use my/our gift for:*

Greatest Need  ACT for FOP Research Grants  Research  Family Gathering  Awareness Campaigns

Other \_\_\_\_\_

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

Please contact me about planned gifts, such as wills and other estate gifts, to the IFOPA

### **Donor Information:**

Name(s): \_\_\_\_\_

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 with the named individual/family, if the name is in our database. May we share your contact information?  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, PO Box 800084, Kansas City, MO 64180

If you have any questions, contact Cathryn Roys, Community Fundraising Manager, at [cathryn.roys@ifopa.org](mailto:cathryn.roys@ifopa.org)

**Thank you for your support!**