



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: _____

Telephone: _____

Email: _____

Method of Payment:

Check payable to: IFOPA

Credit Card:

Visa MasterCard American Express Discover

Total amount to be charged: \$ _____

Card No.: _____ Expiration Date: _____

Name on Card: _____

Billing Address:

City: _____ State: _____ Zip: _____

Signature: _____

My employer has a matching gift program and I have enclosed my matching gift form.

Please mail to: International F.O.P Association, P.O. Box 196217, Winter Springs, FL 32719

Thank you for your support!