



## **Concerns of Police Survivors Contribution Form**

**Please mail this form and your check to:**

**Concerns of Police Survivors**

**P.O. Box 3199**

**Camdenton, MO 65020**

Enclosed is my/our check in made payable to Concerns of Police Survivors (C.O.P.S.)

Contact information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I/We would like my/our names to appear in any donor listings as follows:

\_\_\_\_\_

Type of donation:

☐ General Donation

☐ Gift in Memory of: \_\_\_\_\_

Send acknowledgement letter to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

☐ Gift in Honor of: \_\_\_\_\_

Send acknowledgement letter to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

We thank you for your support! C.O.P.S. is a non-profit 501(c)3 organization. Contributions are tax-deductible to the full extent of the law.