



## Donation Form

**I am supporting the International FOP Association with the enclosed donation.**

**Donation:**

*Please make your check payable to: **IFOPA***

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

Make my/our gift anonymous

Please list my/our name as \_\_\_\_\_

*Please use my/our gift for:*

Greatest Need    IFOPA Research Programs    Gene Therapy Research Grants    ACT for FOP Research Grants

Family Education & Support Services    Harold & Elaine Kaplan Quality of L.I.F.E. Awards

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.

**We do not share gift amounts.** 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 Charles Hunsaker, Philanthropy Manager at [charles.hunsaker@ifopa.org](mailto:charles.hunsaker@ifopa.org)

**Thank you for your support!**