ifopa Journey to the Future

IN PURSUIT OF A *Cure*

Give > Launch > Discover > Cure

DONATION FORM

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

DONATION:

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

☐ $5 ☐ $10 ☐ $25 ☐ $50 ☐ $100 ☐ Other $_____

☐ Make my/our gift anonymous

Please list my/our name as _____

All funds raised during In Pursuit of a Cure are restricted to research.
Whose Blackout Board prompted your donation? _____

DONOR INFORMATION:

Name(s): _____

Address: _____

City/Province: _____ State: _____ Zip: _____

Country: _____ Phone: _____

Email: _____

IN HONOR/MEMORY:

Please dedicate my gift ☐ In honor of ☐ In memory of:_____

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 64116

If you have questions, contact Charles Hunsaker, Philanthropy Manager, at charles.hunsaker@ifopa.org or +1 (816) 200-0082

Thank you for your support!