



the **FOUNDATION**

Monthly Giving Enrollment Form

YES! I want to participate in the monthly giving program supporting the IACP Foundation to help ensure a steady, reliable source of income that will connect, support and strengthen law enforcement officers and their families to thrive after a traumatic line-of-duty injury.

You can count on my support with a tax-deductible monthly gift of:

\$10 \$15 \$25 \$50 Other \$_____

I have enclosed a check for my first gift. Please transfer my future monthly gifts from this checking account.

Here is my credit card information. Please transfer this month's gift and future monthly gifts directly from my credit card.

Visa

Mastercard

AmEx

Card number _____ Expiration Date (mm/yy) _____

Signature: _____

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

If I choose to pay by bank draft, I authorize my bank to pay the IACP Foundation each month the amount I have indicated below. If I choose to pay by credit card, I authorize the IACP Foundation to automatically charge my monthly pledge to my credit card listed above. I understand this agreement will remain in effect until I notify the IACP Foundation that I wish to change or cancel my pledge. I will allow the IACP Foundation a reasonable amount of time to fulfill my request.

THANK YOU!! Your gift will make a difference in the lives of officers and their families. We are grateful for your support.

Please mail or email this form to:

IACP Foundation
44 Canal Center Plaza, Suite 200
Alexandria, VA 22314

foundation@theiacp.org

Questions? Call 1-800-THE-IACP

The IACP Foundation is a 501 (c) 3 not-for-profit organization established to solicit, receive, administer, and expend funds for law enforcement related purposes. Donations may be tax deductible; please check with your personal tax advisor. Federal Tax ID #54-1576762