



**THANK YOU FOR MAKING
AN INVESTMENT IN COMMUNITY SAFETY!**

Registration Form / Individuals & Families

Name _____

Mailing address _____

Web Address _____

Primary Representative

Name _____ Title _____

Email _____ Phone _____

Referred by _____

Patrol Officer / Individual - \$50.00

Lieutenant / Family - \$100.00

Donation: _____

TOTAL: _____ **Thank you!**

Check enclosed / Payable: Cleveland Police Foundation

Mail: 2301 Payne Avenue, Suite 201

Cleveland, OH 44114 / Attn: Bob Rotatori, Advancement Chair

Credit Card

Type: VISA MC Amex / Account #: _____

3-digit CVV#: _____ 4-digit CVV# (Amex): _____

Name: _____

Signature: _____