



**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
- Sergeant / Add Spouse or Friend - \$75.00
- 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: _____