



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

Registration Form - Business / Community Partner

Business or Organization _____

Mailing address _____

Web Address _____

Primary Representative

Name _____ Title _____

Email _____ Phone _____

Referred by _____

Annual Membership Fee: \$500.00

Donation: \$ _____

Total: \$ _____

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: _____