









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

## **Small Business / Proprietor - Registration**

Name	
Mailing address	
Web Address	
Primary Representative	
Name	_ Title
Email	_ Phone
Referred by	_
o Captain / Small Business / Proprietor - \$250.0	0
Donation: TOTAL:	_ _ Thank you!
o Check enclosed / Payable: Cleveland Police F	oundation
Mail: 2301 Payne Avenue, Suite 201 Cleveland, OH 44114 / Attn: Bob Ro	tatori, Advancement Chair
o <u>Credit Card</u>	
Type: o VISA o MC o Amex / Account #:	
3-digit CVV#: 4-digit CVV# (Ame	x):
Name:	-
Signature:	

www.clevelandpolicefoundation.org