



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

**Registration Form**

Name\_\_\_\_\_

Mailing address\_\_\_\_\_

\_\_\_\_\_

Web Address\_\_\_\_\_

Primary Representative

Name\_\_\_\_\_ Title\_\_\_\_\_

Email\_\_\_\_\_ Phone\_\_\_\_\_

Referred by\_\_\_\_\_

- ☐ Individual - \$50.00
- ☐ Family - \$75.00
- ☐ Company - \$100.00
- ☐ Leadership Circle Company Membership - \$500.00
- ☐ Donation: \_\_\_\_\_

TOTAL:\_\_\_\_\_ **Thank you!**

☐ Check enclosed / Payable: Cleveland Police Foundation

Mail: 2301 Payne Avenue, Suite 201  
Cleveland, OH 44114 / Attn: Friends Campaign

☐ Credit Card

Type: ☐ VISA ☐ MC ☐ Amex / Account #: \_\_\_\_\_

3-digit CVV#: \_\_\_\_\_ 4-digit CVV# (Amex): \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_