
DONATION FORM

DONATION AMOUNT \$ _____

FIRST NAME: _____

LAST NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

ZIP/POSTAL CODE: _____

PHONE NUMBER: _____ EMAIL: _____

THIS DONATION IS FOR (CHECK ONE):

 ISPA UNRESTRICTED ISPA FOUNDATION COPS FOR KIDS BENEVOLENCE FUND TROOPER PATRICK FLAG FUND ANDREW WINZENREAD SCHOLARSHIP PE 1395 FUND GARY DUDLEY SCHOLARSHIP

PAYMENT

 PAYPAL (CLICK BELOW) CREDIT CARD (ENTER BELOW) SENDING CHECKIF PAYING VIA PAYPAL, CLICK HERE: [ISPA PAYPAL](#)

CREDIT CARD TYPE: MASTERCARD

VISA

DISCOVER

AMEX

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

IF PAYING VIA CHECK, PLEASE MAIL TO:

INDIANA STATE POLICE ALLIANCE - 1415 SHELBY STREET INDIANAPOLIS, IN 46203