

The FOUNDATION

Donation Form

Thank you for your contribution to the Foundation. Your gift will leave a lasting impact. Please return your completed donation form with a check payable to "NSEF" or provide credit card information below.

First name	Middle initial	Last name	
ID # (if NSA member)			
Mailing address (address, city	v, state, zip)		
Contact phone number	Email address (optional)		
Type of card (Visa, MasterCa	rd, American Express, Discover)	Print cardholder name (if different than above)	
Billing address of card (if diff	ferent than above: address, city, state, zi	p)	
		\$	
Credit card number	Expiration date	•	
Cardholder's signature			
P	Please return completed form w Gift Planning	ith payment to:	
	National Sheriffs' Asso	ciation	
	1450 Duke St	clation	
	Alexandria, VA 223	314	
	Telephone: 703.836.7827 or 8	00.424.7827	
	Facsimile: 703.683.6	541	
	Email: giftplanning@she	-	
	Website: www.sheriff	s.org	

The Foundation has §501(c)(3) nonprofit status and donations are tax deductible as allowed by law. Federal Tax ID #52-1100429