

DISASTER RELIEF FUND

Donation Form

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

First name	Middle initial	Last name	
ID # (if NSA member)			
Mailing address (address, city, sta	te, zip)		
Contact phone number	Email ad	Email address (optional)	
Type of card (Visa, MasterCard, A	American Express, Discover) P	rint cardholder name (if different than above)	
Billing address of card (if differen	t than above: address, city, state, zip)		
		\$	
Credit card number	Expiration date	AMOUNT TO BE CHARGED	
Cardholder's signature			

Please return completed form with payment to:

NSEF "Disaster Relief Fund" National Sheriffs' Association 1450 Duke Street Alexandria VA 22314

Telephone: 703.838.5345 or 800.424.7827

Facsimile: 703.683.6541 Email: lfoldvik@sheriffs.org Website: www.sheriffs.org

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