

Full Name(s):			
Company/Organization:			
Address:			
City:		State:	Zip:
Phone:	Email:		- 1

I will pay with a credit card

Card #:	Exp. Date:	CVC#:	
Name as it appears on card (<i>please print</i>):			
Billing Address:			
City:		_ State:	_ Zip:
Your Signature:		Date:	*

I will pay with a check (please ensure checks are payable to Friends of Firefighters)

Optional

- ____ Yes! I wish to have this gift remain anonymous.
- ____ Yes! Subscribe me to your eletronic newsletter.
- ____ Yes! Send me an electronic note on my birthday. Day: _____ Month: _____ Year: _____
- _____Yes! I would like information about including Friends of Firefighters in my estate plans.

Thank you for supporting our mission through your generous contribution. Friends of Firefighters Federal Tax ID #01-0611469

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