

# Pledge/Contribution Form

## American Police Hall of Fame & Museum *Advance and Enhance*

6350 Horizon Dr. • Titusville, FL 32780  
321-264-0911 • Fax 321-264-0033  
www.aphf.org • policeinfo@aphf.org

YES, I want to make a pledge/contribution to the **American Police Hall of Fame and Museum**

Name(s)/Title(s) \_\_\_\_\_

(Provide information as you want it to appear in recognition materials)

Organization/Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### SUGGESTED CONTRIBUTION AMOUNTS AND CATEGORIES

#### Amount/Category

Other \$ \_\_\_\_\_

\$500,000

\$250,000

\$100,000

#### Amount/Category

\$50,000

\$25,000

\$10,000

\$5,000

Indicate your room, area or display naming \_\_\_\_\_

### CONTRIBUTION METHOD

*Check all that apply*

- CHECK IS ENCLOSED** and is payable to the American Police Hall of Fame and Museum
- NON-CASH GIFT** I wish to donate a display.
- SEND ME A PLEDGE REMINDER** for the amount(s) and date(s) designated in the following grid.

Gift Amount	Month/Day/Year
Year 1: \$	
Year 2: \$	
Year 3: \$	
<b>Total of gift: \$</b>	

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your support!*