

# Oregon Chapter - Concerns of Police Survivors

## Donation Form

**Contact Information:** Please give us your information so we can thank you with a receipt for your gift. Oregon C.O.P.S. will never share your information or make telephone solicitations, nor will we send e-mails asking for more.

Name \* \_\_\_\_\_

Company \_\_\_\_\_

Address 1 \* \_\_\_\_\_

Address 2 \_\_\_\_\_

City / State / Zip \* \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Email \* \_\_\_\_\_

**Donation Information** Please make checks out to Oregon C.O.P.S. and mail to  
Oregon C.O.P.S.  
PO Box 2224  
Fairview, OR 97024

**Gift amount in USD** \_\_\_\_\_

My donation is In Honor or In Memory of someone special: \_\_\_\_\_

**Comments:** \_\_\_\_\_

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Any questions? Contact Judith Jeffries, treasurer 503-253-2468 [judithjeffries@comcast.net](mailto:judithjeffries@comcast.net)