

## **Supporting Membership (Sponsorship)**

Supporting memberships are people, organizations, churches, and companies and corporations that believe in the goals and visions of the International Police & Fire Chaplains Association.

Supporting Membership, and Financial partners help the IPFCA out with equipment, and or participate by sending financial support monthly, quarterly or even yearly. By your financial support, we can put First Responder Chaplains to work in communities, Schools, Police & Fire Departments.

Also helping Volunteers through training at no costs, and other types of local Training to people who want to volunteer that cannot afford the costs of training and equipment. Also supporting organizations and communities to be trained in First Response, and Disaster Training and supporting victims of traumatic and tragic events, such as Crime, Fire, or Natural disasters, The IPFCA supplies help by much needed equipment, and counseling, disaster supplies, and our food bank and clothes closets.

Becoming a Supporting member of the IPFCA, all of your donations are tax-exempt, (IPFCA is a 501 © 3.) and you will receive a certificate of appreciation with a membership card showing your support for the IPFCA.

# International Police & Fire Chaplains Association



## Supporting Membership Application

Name: \_\_\_\_\_  
                    First                    Int.                    Last

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                    City                    State                    Zip

Check one:

Company: \_\_\_\_\_. Corporation: \_\_\_\_\_. Church: \_\_\_\_\_. Organization: \_\_\_\_\_;

Name of Company: \_\_\_\_\_.

Address: \_\_\_\_\_  
                    Street                    City                    State                    zip

Type of Donation:  
Check one;

Equipment: \_\_\_\_\_. Financial: \_\_\_\_\_. Supplies: \_\_\_\_\_. Other: \_\_\_\_\_.

Description: \_\_\_\_\_.

Financial support:  
Please choose a partnership as a supporting Membership:

One time gift of \$\_\_\_\_\_.

Please check one:

Monthly Partner \_\_\_\_\_. Quarterly: \_\_\_\_\_. Yearly: \_\_\_\_\_.

Sponsorship Amount: \$\_\_\_\_\_.

Please indicate how you would like your certificate name to appear:

\_\_\_\_\_.

Thank you for your support, and remember the IPFCA is a 501 © 3 organization.