

The LEOFF I Coalition needs your financial support to continue to fight for **you and your spouses** pension fund and benefits. Membership dues are \$5/month (\$60/year). Membership dues are NOT tax deductible. Thank you for your continuous support and donations.

If information is new, please complete the following:

Are you retired? (Please circle one) Yes No From what agency? _____
Sheriff's Office City Police Fire Agency Where? _____

I would like to donate in memory of: _____

New Member **Change of Phone No.** **Change of Address** **Change of Email**

Please print.

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Legislative District: _____

Phone (Home): (_____) _____ Phone (Cell): (_____) _____

YES! I want to Volunteer: **Phone Tree** **Lobby in Olympia** **Write/Email Legislators** **Call Legislators**

Please circle contribution amount:

Membership: \$5 per month (\$60 per year) _____

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Make this my monthly donation: \$20 \$50 \$75 \$100 \$150 other \$ _____

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(located on the back of your card)

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Exp. Date: _____ Signature: _____

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LEOFF I Coalition Office • 360-570-1035 • joyce@leoff1coalition.org • www.leoff1coalition.org

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