

**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). 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)      \_\_\_\_\_

**One Time Donation:**    \$20    \$50    \$75    \$100    \$150    \$200    \$250    other \$ \_\_\_\_\_

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

*For your convenience you can now pay with credit card or check*

Please bill my credit card:    Mastercard    Visa    (circle one)

(located on the back of your card)

Card # 

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CVC# 

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Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please Include Complete Credit Card Billing Address**

Address: \_\_\_\_\_

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

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

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