



The LEOFF I Coalition needs your financial support to continue to fight for **you and your spouses** pension fund and benefits. 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:

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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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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Please Donate to
**SAVE YOUR PENSION AND BENEFITS
 FOR YOU AND YOUR SPOUSE!**
Thank You
 for Your Continued Help



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