

The Nebraska Sheriffs' Association Memorial and Tribute Society

Fill out this form and check boxes where appropriate. Please print.

PLEASE ENROLL THE FOLLOWING NAME

In Memory of (deceased):

In Honor of/In Tribute to (living):

Happy occasion* Illness Thank you*

Other/*Additional information (birthday, Mother's Day, for your thoughtfulness, etc.)

PERSON(S) TO NOTIFY OF THIS GIFT

Name _____

Relationship to honoree (if name entered is deceased) _____

Address _____

City _____ State/Zip _____

Phone _____ Email _____

DONOR INFORMATION Thank you for your generosity.

Enclosed is my/our donation of: _____ Make checks payable to the Nebraska Sheriffs' Association

\$100 \$75 \$50 \$25 Other _____ Gifts in any amount are always appreciated

Please print your information below so we can send you an acknowledgement for tax purposes

Your name(s) _____ I(we) am(are) NSA member(s)

Address _____ Phone _____

City _____ State/Zip _____

Email _____ My company will match my gift

Please initial one of the following

Please do not publish my/our name(s). I/We wish to remain anonymous

Please add (publish) my/our name(s) to the donor list

Additional Information

Please send me information about membership in the NEBRASKA SHERIFFS' ASSOCIATION

Make checks payable to the Nebraska Sheriffs' Association • Mail your check and completed form to:

Nebraska Sheriff's Association • PO Box 81822, Lincoln, NE 68501

402.434.3785 • 1.800.775.2469