LIFETIME SPONSORSHIP DONATIONS

(please complete and include with donation)

NAME OF FACILITY/CORPORATION/INDIVIDUAL: ____________________________________________

ADDRESS: _____________________________________________________________________________

CITY: ___________________ STATE: ___________ ZIP: ___________________________

CONTACT: ___________________________________ PHONE: ___________________________

CONTACT EMAIL: _________________________________________________________________

Please apply the enclosed donation in the amount of $_______________.00 to the Lifetime Sponsorship fund for _____________________________.

(Name of Facility/Corporation/Individual)

CHECK NO. ___________________ MONEY ORDER NO. ___________________

(Payable to CPO Foundation) (Payable to CPO Foundation)

Once our goal of $5,000.00 has been met, we will receive our “LIFETIME SPONSOR” plaque and gold jacket to proudly display in a common area within our Facility/Corporation.

____________________________________  ________________________
Authorized Signature                Date

____________________________________
Name of Facility/Corporation/Individual

* ALL LIFETIME SPONSORSHIP DONATIONS ARE ALLOCATED TO THE CPOF SCHOLARSHIP FUND.

Note: A Lifetime Sponsor does not equal or replace individual supporting membership within the CPO Foundation by an Officer or other Corrections professional. Individual Supporting Membership requires a completed membership form and minimum monthly donation of $5.00.