



NATIONAL ASSOCIATION OF BLACK LAW ENFORCEMENT OFFICERS, INC.

## Community Leadership Starts With You! GIVE TODAY!!

### ABOUT YOU—Please provide all information

Your Name: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I would like to remember **NABLEO** in my estate plan. Please have your Development Officer contact me.

### YOUR PLEDGE—*Thank you for your generosity*

My total annual \_\_\_\_\_ one-time \_\_\_\_\_ pledge is: \$

Please choose one of the following payment options:

Bill me monthly       Check (payable to NABLEO)       Cash

Credit Card    \_\_\_ VISA    \_\_\_ MC    \_\_\_ Discover    \_\_\_ AMEX

Card Expiration: \_\_\_\_\_ / \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

When mailing, please return to **National Association of Black Law Enforcement Officers, Inc., Post Office Box 1182, Newark, New Jersey 07102, ATTN: Fund Development.** The National Association of Black Law Enforcement Officers, Inc is a federally-recognized 501.c.3 non-profit organization. As such, donations may be considered tax-deductible to the limits allowed by law. **EIN #: 26-0035700**

### YOUR RECEIPT—PLEASE KEEP THIS PORTION FOR YOUR RECORDS

Donations may also be made through our website at [www.nableo.org](http://www.nableo.org). Donations made in this manner are completed through a secured-server process managed by PayPal. Undesignated dollars will be applied directly to our General Fund. This pledge represents a contribution for which no goods or services have been received. Gifts made to **NABLEO** are tax-deductible within the limits of the current law. Any cash contribution received by 12/31 will receive a tax letter from **NABLEO**. Letters will be mailed by 1/31.

Donations of \$1,000 or more qualify donors as Community Leadership Givers who receive recognition in all Conference/Symposium publications and 1 year Specialty Website Logo Banner, as well as ability to attend all organizational functions at any established member rates.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zipcode

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Pledge Amount

\_\_\_\_\_  
Dated