

**Central Florida Police Athletic League**  
**“Every child needs a PAL”**

**Pledge/Contribution Form**

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

Company/Business: \_\_\_\_\_

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

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

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

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

**Yes, I would like to make a contribution to support the Central Florida Police Athletic League.**

**Contribution/Pledge Options:**

**Gift of \$\_\_\_\_\_**  
(check payable to CFPAL)

**Annual pledge of \$\_\_\_\_\_ to be paid:**  
(select choice)

Monthly                       Quarterly

Semi-Annually               Annually

Contributions in support of general operations are critical to our organization. Designated use contributions are also accepted. Please indicate below if you prefer to have your gift used for a specific program(s):

Program(s): \_\_\_\_\_

All contributions will be acknowledged and donor names will be listed in our annual report. Please check below if you prefer that your gift to CFPAL remain anonymous.

**Yes, I prefer to remain anonymous.**

**Yes, I am interested in learning about:**

Planned giving opportunities

Corporate sponsorship opportunities

Volunteer opportunities

Programs for children offered by CFPAL

**Central Florida Police Athletic League, Inc.**

P.O. Box 540148, Orlando, FL 32854-0148

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[www.centralfloridapal.org](http://www.centralfloridapal.org)

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