



**2019 Easterseals
Telethon**
FOP Response Form

FOP LODGE: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ **E-MAIL:** _____

_____ Yes, we will make a donation of \$ _____ to Easterseals to help people with disabilities in our community.

_____ Check enclosed

_____ Please bill

_____ Our FOP lodge would like to present a check on the Telethon on April 7 (minimum donation of \$250 - please circle time).

1-2 p.m.

2-3 p.m.

3-4 p.m.

4-5 p.m.

You will be scheduled for an appearance during your chosen hour. We will provide details closer to the Telethon.

Mail or fax form to:

Chloe Mayer

Easterseals

3701 Bellemeade Avenue

Evansville, IN 47714

812-474-2348

812-437-2634 (fax)

cmayer@evansvillerehab.com