

# Indiana F.O.P. Foundation Donation Request Form

Date \_\_\_\_\_

This is a request to the State Lodge for Financial Assistance

Lodge Name & Number \_\_\_\_\_

Amount Requested \_\_\_\_\_

Name of person or organization the donation is to be given to:

1. \_\_\_\_\_ Address \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_

Give Brief Details Regarding Reason for Donation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request presented by:

\_\_\_\_\_  
\_\_\_\_\_

Request approved/denied by: \_\_\_\_\_ Date \_\_\_\_\_

Action taken: \_\_\_\_\_

Completed form should be sent to:  
Indiana State Fraternal Order of Police  
1427 E. Washington Street, Indianapolis, IN 46201

Submit: [fop@instatefop.org](mailto:fop@instatefop.org)

Lodge Seal