



# PROJECT LIFESAVER®

Bringing Loved Ones Home  
The Original 501(c)(3) Non-Profit Organization

## DONATION FORM

First Name :

Address :

City / Country :  Postcode :

E-Mail :

Phone Number :

## DONOR DETAILS

Donation Amount

Donation Purpose  General Support  Purchase Equipment  Sponsor a Participant

Would you like a receipt for tax purposes?  Yes  No

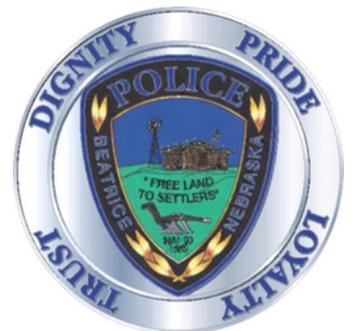
Would you like your donation to remain anonymous.  Yes  No

Signature \_\_\_\_\_

Date : \_\_\_\_\_

Please return this form to:  
Attn: Project Lifesaver Coordinator  
201 N 5<sup>th</sup> Street Beatrice, NE 68310  
Checks payable to: Beatrice Police Department - Project Lifesaver

For questions, contact: Courtney Brauch cbrauch@beatrice.ne.gov 402-223-4080



THANK YOU FOR YOUR DONATION