

NCPD CENTENNIAL GALA INDIVIDUAL TICKET(S)

RSVP April 8, 2025

Payments & Forms Must be Received No Later than April 8, 2025

PLEASE COMPLETE THE ENTIRE FORM BELOW AND ENCLOSE YOUR INDIVIDUAL TICKET(S) PAYMENT IN THE AMOUNT OF \$500 PER TICKET (MAX OF 10 TICKETS)

PAYMENT: Please Make the Check/Credit Card Payable to:
Nassau County Police Department Foundation

Mail this Printed Completed Form & Payment to:
NCPD Foundation
734 Franklin Avenue #189
Garden City, New York 11530

Refer any Inquires to Info@NCPDFoundation.org or call M-F 10am – 5pm 1 - (877) 627- 3331

TOTAL AMOUNT ENCLOSED/TO BE CHARGED: \$500 PER TICKET (MAX OF 10 TICKETS)

Check # _____ enclosed Charge my credit card Visa Mastercard Amex

CARD #: _____

EXPIRATION DATE: _____ SECURITY CODE (On BACK OF CARD): _____

CARD HOLDER'S NAME (if different from above): _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS REQUIRED FOR CONFIRMATION RECEIPT: _____

AUTHORIZED SIGNATURE: _____

NCPD CENTENNIAL GALA INDIVIDUAL TICKET(S) FORM
(Please complete & print exactly as you want to be listed)

Ticket 1:

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Check If Your Company/Employer Offer A Matching Gift Program (yes)

Ticket 2:

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Check If Your Company/Employer Offer A Matching Gift Program (yes)

Ticket 3:

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Check If Your Company/Employer Offer A Matching Gift Program (yes)

Ticket 4:

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Check If Your Company/Employer Offer A Matching Gift Program (yes)

Ticket 5:

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Check If Your Company/Employer Offer A Matching Gift Program (yes)

Ticket 6:

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Check If Your Company/Employer Offer A Matching Gift Program (yes)

Ticket 7:

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Check If Your Company/Employer Offer A Matching Gift Program (yes)

Ticket 8:

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Check If Your Company/Employer Offer A Matching Gift Program (yes)

Ticket 9:

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Check If Your Company/Employer Offer A Matching Gift Program (yes)

Ticket 10:

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Check If Your Company/Employer Offer A Matching Gift Program (yes)

Please remember to mail this with your payment in a stamped envelope so it will be received before the April Deadline.

We thank you for your support & generosity.