



**WIDOWS, ORPHANS & DISABLED
FIREMEN'S FUND**

The official charity of the Los Angeles Firemen's Relief Association

**DONATION
FORM**

Company Name _____


Contact _____

Work Address _____

City _____ State _____ Zip _____

Work Phone # _____ Cell # _____ Fax # _____

E-mail _____

Amount \$ _____ Visa/MC Amex Check Enclosed 

Account # _____ Exp. _____ CVV2 No. _____

Signature: _____ Date: _____

Item (s) _____

Description/Remarks _____

Item (s) VALUE \$: _____

Proceeds benefit the Widows, Orphans & Disabled Firemen's Fund, a nonprofit tax exempt organization under Section 501(c)(3) Tax ID #95-6205446. Donations are tax deductible as permitted by law.

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