



SURVIVING SPOUSE AND FAMILY ENDOWMENT FUND

3100 Broadway, Suite 226, Kansas City, Missouri 64111
(816) 960-6800 Fax (816) 960-6808
www.survivingspouseandfamily.org

APPLICATION FOR MEMBERSHIP

NAME: _____

BUSINESS/FOUNDATION/ORGANIZATION (if applicable):

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL: _____

For acknowledgement and recognition purposes, please list the donor as follows:

PLEASE MARK YOUR MEMBERSHIP CHOICE:

- Individual Membership \$120 Annually
- Family Membership \$150 Annually
- Business/Foundation/Organization Membership \$500 Annually
- Lifetime Membership \$5000 (minimum one time contribution)
(First 100 receive Commemorative SAFE Shield)
- Donation \$ _____
(Donations less than \$120 do not qualify for membership, but are greatly appreciated)

PLEASE RETURN THE COMPLETED APPLICATION WITH YOUR CHECK,
PAYABLE TO SAFE FUND, TO THE ADDRESS PROVIDED ABOVE.

All memberships/contributions are fully tax deductible

A program sponsored by the Kansas City Metropolitan Crime Commission