



Every firefighter death is a tragedy. The National Fallen Firefighters Foundation (NFFF) will be there to support, assist and honor every one of these fallen heroes, their families and co-workers. From an initial response of a Local Assistance State Team, to our Fire Hero Family Network, to the National Memorial Weekend in May, our commitment is the same. Your support of the NFFF will help those affected in rebuilding their lives and to never forget the sacrifices their loved one has made.

All donations to the NFFF are tax-deductible as allowed by law.

To make a donation, please complete the information below and return it to:
National Fallen Firefighters Foundation
P.O. Drawer 498
Emmitsburg, MD 21727
If you have questions, please contact
development@firehero.org.

Name: _____ Title: _____

Department/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I would like to support the National Fallen Firefighters Foundation with a gift in the amount of:

\$25 \$50 \$100 \$250 \$500 \$1,000 Other: _____

GIFT DESIGNATION

- | | |
|--|---|
| <input type="checkbox"/> Where it is most needed. | <input type="checkbox"/> Assist in the expansion of the National Fallen Firefighters Memorial Park. |
| <input type="checkbox"/> NFFF scholarship for a Fire Hero Family member. | <input type="checkbox"/> Help Fire Hero families attend the Fire Hero Family Conference. |
| <input type="checkbox"/> Help send children of fallen firefighters to the NFFF Hal Bruno Camp. | <input type="checkbox"/> Help Fire Hero families attend the Young Adults Retreat. |
| <input type="checkbox"/> Help Fire Hero families attend the Memorial Weekend. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> NFFF's fire programs to reduce firefighter deaths and injuries. | |

I would like to: Memorialize or Honor the following: _____

PAYMENT METHOD

- Credit Card Payment using the information below: Enclosed is a check made payable to NFFF.
- MasterCard Visa American Express Discover

Card number: _____ Exp. Date: _____ CVV: _____

Cardholder's Name: _____

Billing Address (if different from above): _____

Signature: _____ Date: _____

Learn more at: www.firehero.org