

NATIONAL POLICE DEFENSE FOUNDATION
21 KILMER DRIVE
BLDG 2, STE C
MORGANVILLE, NJ 07751

Date:

To Whom It May Concern:

I, _____, hereby authorize _____ to speak and act on
(Member's Name) (Authorized Person)
my behalf in all matters pertaining to my membership with the National Police Defense Foundation (NPDF).
This includes but is not limited to inquiries and correspondence via email, telephone, or in writing with
representatives of the NPDF regarding my membership, Safe Cop license plates, and donations made to the
National Police Defense Foundation.

Any information that my representative, whose name is listed above, provides on my behalf, should be
considered as coming directly from me.

I, _____, reserve the right to rescind this authorization at any time by
(Member's Name)
notifying the NPDF via notarized letter attesting to such revocation.

I, _____, will hold the NPDF harmless for any action it takes as a result of the
agreement.

Regards,

_____ Signature

_____ Print name

State of _____

County of _____

On this _____ day of _____, _____
(Month) (Year)

Notary Public _____
(Signature)

(Print name)