



MISSOURI TROOPER MONUMENT FUND



In support of the program to develop, build and install the Missouri Trooper Monument, I hereby authorize a contribution of \$_____ to be paid as follows: Lump Sum Annual payments of \$_____ Signature_____ Date_____

Firm Name_____

Name & Title_____

Address_____

City/State/Zip_____

Total 2017 \$_____

Total 2019 \$_____

Total 2018 \$_____

Total 2020 \$_____

Please make checks payable to: MISSOURI TROOPER FUND, Community Foundation of the Ozarks, Post Office Box 8960, Springfield, MO 65801-8960 - OR - Contact Winter S. Kinne, Assistant Vice President, Community Foundation of the Ozarks at (888) 266-6815.