



ABILENE POLICE
FOUNDATION

P.O. Box 3553
Abilene, TX 79604

help@abilenepolicefoundation.org

APPLICATION

Instructions: Please complete and return the PDF application to the Abilene Police Foundation by email or mail.

Name:

Phone Number:

Email Add:

Mailing Address:

City:

State:

ZIP:

Requested Amount:

What is the specific need?

Is it for you or immediate family?

Are any of the expenses covered by insurance?

When do you need requested funds?

Additional Information

Applicant Signature

Date

By entering your name in the signature field, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.