



ARIZONA FALLEN HERO MEMORIAL RIDERS®

2019 ARIZONA FALLEN HERO MEMORIAL RIDE

GHOST RIDER REGISTRATION



BENEFITING CONCERNS OF POLICE SURVIVORS, ARIZONA

Ghost Rider's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Donation Amount: _____

By checking the box to the right, you agree for your name to appear on the Ghost Rider banner.

Please make Checks or Money Orders payable to the Concerns Of Police Survivors, Arizona Chapter

When making your donation please reference the "2019 AFHMR" in the memo/note field

Please Send Checks or Money Orders to:

*C.O.P.S., Arizona
3030 N. Central Avenue, Suite 610
Phoenix, Arizona 85012*

*Other forms of payment accepted Credit Cards/Cash/[PayPal](#)
Concerns Of Police Survivors is a 501(c)(3) Charitable Organization #86-0903179*

T-SHIRTS CAN BE PURCHASED FOR \$20 EACH (Plus \$10.00 Shipping)

Size and Number or T-Shirts: SX S M L XL 2XL 3XL

WE CANNOT GUARANTEE T-SHIRTS WILL BE AVAILABLE AFTER AUGUST 31ST

Using the "Save As" option on your device, please save your registration package as your Last name, First name.pdf.

***COMPLETED FORM: You may submit the this form by e-mail to
2019MEMORIALRIDE@GMAIL.COM***

Your donation to our event may be tax deductible, please print a copy of this form for your records.

This form must be saved prior to submission. Please "Save As" Last Name, First Name.
Thank You



FOR OFFICIAL USE ONLY

Date Payment Received: _____ Donation Amount: _____ T-Shirts Purchased : _____ Number of T-Shirts: _____

Payment Method: PayPal Check Money Order Cash Credit Card

T-Shirt(s) Mailed Date T-Shirt(s) Mailed