



**Kansas Narcotics Officers Association**  
 Karrina Brassler, President ~ Scott Braun, Vice President ~ Tim Eldredge, 2<sup>nd</sup> Vice President  
 Victor Riggan, Secretary ~ Brian Shannon, Treasurer  
 P.O. Box 2566 ~ Topeka, KS ~ 66601

- Please complete the information below and return it to address above. Cash or check donations can be accepted through the mail.
- If you wish to pay by credit card, you may fill out the information below or contact Brian Shannon, Treasurer at 785-625-1040.

**Business/Individual Names:** \_\_\_\_\_

**Print Name as you wish it to appear on the sponsor banner:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Contact E-mail:** \_\_\_\_\_

**Please choose the level you wish to donate:**

**Bronze Level:**

**\$25.00 - \$499.00**

- Name listed on sponsor banner to be displayed at Annual Conference
- Name also listed on Conference Agenda
- You will receive a Certificate from KNOA thanking you for your contribution

**Silver Level:**

**\$500.00 - \$749.00**

- Name listed in font size larger than Bronze level on sponsor banner
- Name also listed on Conference Agenda
- You will receive a Plaque from KNOA thanking you for your contribution
- Your organization will be listed on our website as a partner with KNOA

**Gold Level:**

**\$750.00 and above**

- Name listed in larger font size than other bronze level on sponsor banner
- Name also listed on Conference Agenda
- You will receive a larger Plaque than the silver level thanking you for your contribution
- Your organization will be listed on our website as a Partner with KNOA and a link to your website if desired

*I/we agree to the sponsorship level listed above. Please accept our payment as follows:*

**Donation Amount:** \$ \_\_\_\_\_ **Payment Method:** \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

**If paying by credit card, please fill out the information below:**

Name \_\_\_\_\_  
As it appears on credit card

Credit Card Type \_\_\_\_\_ Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Visa, Discover, Mastercard, American Express

**\*\* Once your donation is received, a representative from KNOA will mail you a receipt for your tax records!\*\***