

STATE TROOPERS OF OHIO STETSON CLUB



The **STATE TROOPERS OF OHIO STETSON CLUB** represents a group of loyal and dedicated supporters of active and retired members of the Ohio State Highway Patrol.

The purposes for which the STO Corporation is organized are to promote the social welfare within the meaning of Section 501 (c) (4) of the Internal Revenue Code, including but not limited to:

(1) Developing and advocating for legislation, regulations, and government programs to establish and maintain a permanent funding source to fully staff, train, and equip members of the Ohio State Highway Patrol as authorized by statute or needed to effectively enforce the powers and duties of Section 5503.02 of the Ohio Revised Code;

(2) To assist with the education, training, health, and welfare of active and retired members of the Ohio State Highway Patrol.

HELP US HELP THE PATROL! *State Troopers of Ohio Inc. will be actively seeking the support of the Ohio General Assembly and others in Ohio government leadership to support the active and retired ranks of the Ohio State Highway Patrol.*

STETSON CLUB Support Levels:

_____ **\$200** _____ **Dollar a Day - \$365** **Other \$** _____

Recognition: \$200 – Stetson Club Pin and Window Decal
\$300+ - Above plus STO Golf Shirt

NAME _____ ADDRESS _____

PHONE _____ EMAIL _____

MAIL COMPLETED FORM AND CHECK TO:

STATE TROOPERS OF OHIO, INC.

1900 POLARIS PKWY, STE. 400

COLUMBUS, OHIO 43240

Contributions or gifts to State Troopers of Ohio are not tax deductible as charitable contributions.



STATE HIGHWAY PATROL FEDERAL CREDIT UNION
1900 POLARIS PARKWAY • SUITE 400 • COLUMBUS, OH 43240

State Troopers of Ohio Recurring Transfer Authorization

ACCOUNT OWNER: _____

ACCOUNT NUMBER: _____

I authorize the Credit Union to transfer funds for my annual dues from my SHPCU account as follows:

[☐] YEARLY

TRANSFER DATE: _____ (MONTH/DATE)

TRANSFER AMOUNT: \$ _____

FROM ACCOUNT: # _____ TO ACCOUNT: STATE TROOPERS OF OHIO, INC

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, no transfer will occur. The transfers will continue until I notify the Credit Union in writing to cancel or if the Credit Union notifies me the transfer will be discontinued.

The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

Signature: _____ Date: _____