



# OPERATION SUPPORT OUR WOUNDED WARRIORS



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

## I would be interested in:

Potential Employment Opportunities       Attending Sports Events

Attending Community Support Events       Target and Competitive Shooting

Participating in Outdoor Activities (hunting, fishing, etc.)

Other \_\_\_\_\_

**Please fax, email or mail completed form to:**

c/o Police Officer Assistance Trust  
1030 NW 111<sup>th</sup> Avenue, Suite 232  
Miami, Florida 33172  
Office: 305-594-6662 Fax: 305-594-0997  
[www.poaat.org](http://www.poaat.org)