



**NEW YORK STATE ASSOCIATION OF SAFETY OFFICERS, INC.**

1070 Middle Country Rd. Suite 7-166 Selden, NY 11784

T-631-343-5450 F-631-732-4464 E-info@nysaso.org

Tax ID 46-2126068

## CHALLENGE COIN



## Say, “THANK YOU”

Our world has been forever changed by the COVID-19 virus. Please honor and thank those dedicated frontline responders that put their lives on the line in many instances for people they did not know. Many paid the ultimate sacrifice. If the Essential Workers said, “if it’s that dangerous I’m staying home”, it would have been total bedlam.

Show your support for them and at the same time support the New York State Association Of Safety Officers dedicated to reducing serious injuries and Line Of Duty Deaths for our First Responders. Also, a great collector’s item.

Priced low enough so you can purchase several of them and say, “thank you” each time you see a Frontline Hero, such as a Firefighter, EMS, Police, Nurse, Doctor, Store Owner, Banker, Truck Driver, any Essential Workers, etc. We continue to fight this invisible enemy. Sponsored by the NYSASO, a non-profit New York State Corporation. You can help us by being a supporter of our cause.

Your support directly assists the men and women who are and have protected us. We provide training, literature and a networking forum. Order form on reverse side, Stay Safe!

Ex-Chief Jeff Bailes President

\*\*Any questions: please call Captain Ken Rubineti at 631-343-5450  
Your donation can be tax deductible, check with your accountant.



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## CHALLENGE COIN



## ORDER FORM

Mail to:

NYSASO 1070 Middle Country Rd. Suite 7-166 Selden, NY 11784 or Fax 631-732-4464

**CHALLENGE COIN \$10 EA. (1-75)** (how many) \_\_\_\_\_ X \$10 = \$ \_\_\_\_\_

**CHALLENGE COIN \$10 EA. (76 – 125)** (how many) \_\_\_\_\_ X \$ 9 = \$ \_\_\_\_\_

**CHALLENGE COIN \$10 EA. ( 126 - ?)** (how many) \_\_\_\_\_ X \$ 8 = \$ \_\_\_\_\_

**DONATION** \$ \_\_\_\_\_

Shipping and Handling \$ 3.00

**Total** \$ \_\_\_\_\_

Donation in the Name of: \_\_\_\_\_

### PLEASE PRINT

Your Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Cash \$ \_\_\_\_\_ Check \_\_\_ Invoice \_\_\_ Venmo \_\_\_\_\_ PayPal \_\_\_\_\_ P.O. \_\_\_\_\_ Voucher \_\_\_\_\_

### PAY BY CREDIT CARD

Name: \_\_\_\_\_

No. \_\_\_\_\_ exp. date \_\_\_\_\_ CVV code \_\_\_\_\_

Zip code \_\_\_\_\_ Sign \_\_\_\_\_

### SHIPPING AND/OR BILLING ADDRESS:

Street \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_