

## WISCONSIN CONCERNS OF POLICE SURVIVORS

## LOGO USAGE REQUEST

## Request to use the trademark name, logo, and/or acronym of Concerns of Police Survivors, Inc. (C.O.P.S.), including the Wisconsin Chapter affiliate.

**Notice of Copyright:** It is illegal to copy, reproduce, publish or distribute the C.O.P.S. logo and/or trademark in any manner by anyone other than Concerns of Police Survivors, Inc., without the expressed written permission of the copyright holder. Any violation thereof may constitute copyright and/or trademark infringement, which will be prosecuted to the fullest extent of the law.

| Name of the event/activity/project:                                   |                   |
|---|-------------------|
| Purpose of event/activity/project:                                    |                   |
| Target audience: Date(s) of event/activity                            | y/project:        |
| Location of event/activity/project:                                   |                   |
| Is this a one-time or recurring project? If recurring, how of         | ten?              |
| Will income be generated from this event/activity/project? Yes        | No                |
| If so, how? (merchandise, tickets, entry fee, etc.)                   |                   |
| Proceeds will be donated to: National C.O.P.S Wise                    | consin Chapter    |
| Percentage of proceeds to be donated to National C.O.P.S.             |                   |
| Percentage of proceeds to be donated to Wisconsin Chapter of C.O.P    | .S                |
| Percentage of proceeds to be donated to another charity:              |                   |
| Name and location of that charity:                                    |                   |
| Describe in as much detail as possible how you will use the tradema   | rk name, logo,    |
| and/or acronym of Concerns of Police Survivors, Inc. for this event/  | activity/project: |
|   |                   |
|   |                   |
| Are you planning to carry liability insurance on this event/activity/ | project?Yes No    |
| Person responsible for this activity/event/project:                   |                   |
| Mailing address: City, State, Zip:                                    |                   |
| Daytime telephone: E-mail:  |                   |