



**LOS ANGELES SHERIFFS' MUSEUM FUND #218
DONOR DESIGNATION FORM**

**SHERIFFS' RELIEF FOUNDATION
OF LOS ANGELES COUNTY, CALIFORNIA**

LAST NAME:		FIRST NAME:	M.I.:
STREET ADDRESS, CITY, STATE, ZIP CODE			
HOME PHONE NUMBER: ()		E-MAIL ADDRESS	
LAST FOUR OF Social Security: (Retirees only) XXX-XX-		EMPLOYEE NUMBER: (Current Employees only)	
MONTHLY PAYROLL CONTRIBUTION \$	SIGNATURE:		DATE:
ARE YOU AN S.R.A. MEMBER?: YES NO (You are not required to be an SRA member to donate)		SRA USE ONLY: Start Date:	Rev. jac091710

***Please submit the completed card directly to:
Los Angeles Sheriffs' Museum
STARS Center, 11515 Colima Rd. Bldg. "B" Whittier, Ca. 90604
Thank You for Your Support***