LASD MUSEUM DONATIONS:

Donor Print Name Date

Address

City State Zip

Phone: Fax:

The gift described below is accepted for the Los Angeles County Sheriff's Museum.

By: _____ Title: _____ Date: _____

Please list and describe donated material as completely as possible. Use additional sheet(s) as necessary. Thank you very much for your donation.

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Appreciation letter sent: _____ by: _____

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