

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)	Employee Number: (Current Employees only)	
Monthly Payroll Contribution:	Signature:	Date:
Are You An S.R.A. Member? <input type="radio"/> Yes <input type="radio"/> No (You are not required to be an SRA member to donate)	SRA Use Only: Start Date:	

Please submit the completed card directly to:
Los Angeles Sheriffs' Museum
 STARS Center, 11515 Colima Rd. Bldg. "B" Whittier, CA 90604
 OR
 EMAIL COMPLETED PDF TO: museum@lasd.org

Thank You for Your Support