

San Diego County Deputy Sheriff's Foundation Donation Request Form

Please provide the following information regarding your request for a donation from the San Diego County Deputy Sheriff's Foundation. Donation requests are only submitted to the Board of Directors for approval once a month. Please submit to the DSA office seven (7) business days before the next Foundation board meeting, held the 4th Thursday of every month.

Requestor's Name: _____ **Date:** _____

Company or Organization: _____

Street: _____ **City:** _____ **Zip:** _____

Telephone: _____ **Cell Phone:** _____ (*where can we reach you*)

DSA Member? Yes No

Donation Amount Requested: \$ _____ **DSA Merchandise Requested:** _____

Donation Request: (Please be specific - how the donation will be utilized)

The members of the DSA will be recognized in what manner? _____

If approved, check should be made payable to: _____

Date donation is needed by: _____

(*check one*)

_____ Mail Check to above address (PLEASE INCLUDE ADDRESS)

_____ Pick up check at the DSA

For Office Use

Member in Good Standing _____

Last Member Request _____ Last Organization Request _____

Receipt Request _____ Submitted to Board _____

APPROVED: _____ DENIED: _____ DONATION MADE: _____

Donation Mailed _____