

# Deputy Sheriffs' Association Donation Request Form

Please provide the following information regarding your request for a donation from the Deputy Sheriffs' Association of San Diego County. 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 general board meeting.

**Requestor's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company or Organization:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**DSA Member?**    **Yes**        **No**    *(Please circle one)*

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

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

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

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**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 \_\_\_\_\_