

VENTURA COUNTY DEPUTY SHERIFFS' ASSOCIATION DONATION REQUEST FORM

Complete form and forward to VCDSA Board
(Please Print)

Email form and attachments (if any) to ksirody@vcdsa.org and dtaday@vcdsa.org			
REQUESTOR INFORMATION			
Last name:		First:	Mr. / Ms.
			Date:
VCDSA Member	Phone no.:	Cell No.	Active or Retired VCDSA?
Yes No			
Email Address:			

ORGANIZATION AND DONATION INFORMATION					
Name of Organization:				Contact Person.	
Name of Event:				Email: Phone No:	
Tax ID No.	Attachments (fliers, letters, etc?) Yes / No	Date Needed: / /	Amount Requested:	(VCDSA USE) Amount Approved:	Merchandise Lieu of Cash Yes / No
How will VCDSA be recognized, if at all:					

IF THE ABOVE DONATION IS APPROVED, MAKE CHECK PAYABLE TO AND MAIL TO:		
NAME: _____		
ADDRESS: _____	CITY _____	STATE/ZIP CODE _____

VCDSA Board meetings are held on the first and third Wednesday (0830 hour) of each month. Request must be received close of business on the Monday prior to the meeting to insure your request makes it on to the agenda.

OFFICE USE ONLY:

Treasurer's Signature: _____

Date: _____

Check No. _____