

VENTURA COUNTY DEPUTY SHERIFFS' ASSOCIATION DONATION REQUEST FORM

- Complete form. Email form and attachments (if any) to Kasey Sirody, Executive Director (ksirody@vcdsa.org) and D'annah Today, Operations Manager (dtaday@vcdsa.org)
- VCDSA Board meetings are held on the first and third Wednesday (0830 hours) of each month. Request must be received close of business on the Monday prior to the meeting to ensure your request makes it on to the agenda.

REQUESTOR INFORMATION		
Last Name:	First Name:	Date:
VCDSA Member: <i>(check one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	VCDSA Member: <i>(check one)</i> <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> NA	
Email Address:	Phone Number:	

ORGANIZATION AND DONATION INFORMATION	
Select Type of Organization: <input type="checkbox"/> Charity Donation <i>(Tax-Deductible, 501c3 number)</i> <input type="checkbox"/> Non-Charity Donation	
Name of Organization:	Tax ID No. <i>(if applicable)</i>
Name of Event:	Amount Requesting/Sponsorship:
Contact Person Name:	Date Needed By:
Contact Email Address:	Attachments Included? <input type="checkbox"/> Yes <i>(check one)</i> <input type="checkbox"/> No
How will the VCDSA be recognized:	
If the above donation is approved, please fill out check payable to and mail address: Payable To:	
Address:	City:
State/Zip Code:	

OFFICE USE ONLY:		
Approved Amount:	Sponsor Level: <i>(if applicable)</i>	Meeting Date:

