



SHERIFF'S RELIEF ASSOCIATION

Serving LA Sheriffs since 1924

Sheriff's Relief Foundation Donor Designation Form

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Email: _____

Current Members Employee Number: _____

Retired Members (Last 4 of Social Security Number): XXX-XX-_____

Monthly Payroll Contribution: \$ _____

Signature: _____

Date: _____ SRA Member: YES [] NO []

Sheriff's Relief Foundation
STARS Center, 11515 Colima Rd, Bldg. "B" Whittier, CA 90604

Thank You for Your Support

SRA Use Only Start Date: _____