



**SHERIFFS' RELIEF ASSOCIATION**  
Serving LA Sheriffs since 1924



Sheriffs' 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 \_\_\_\_\_

SRA Use Only: Start Date: \_\_\_\_\_

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

**Thank You for Your Support**