



2017

Raffle Donation Form

Description of Item Donated:

Retail Value: \$ _____

Your name or business name as you would like it to appear in the program:

Contact Person: _____

Address: _____

City: _____ **State** _____ **Zip:** _____

Phone: _____ **Fax** _____

E-mail: _____

Please check one of the following:

Item Attached

**Arrange pick up-Contact Miguel Arias at (916)769-2477 or sacramento.lpoa@gmail.com
Or Kristina Morgan at (916)813-9605 kmorgan@sacsheriff.com**

Other: _____

Donor's Signature _____ **Date** _____

***Please be sure to include this form with your donation.**

For additional information, please contact:

**Miguel Arias (sacramento.lpoa@gmail.com) (916) 769-2477 or
Kristina Morgan (kmorgan@sacsheriff.com) (916)-813-9605**

National Latino Peace Officers Association - Sacramento Chapter Tax ID # 68-0477626