

Donor Authorization Form

Be part of the legacy. Join SDPD officers and retirees who are enhancing officers' work through grant awards for program, equipment and training needs. **100% of your tax-deductible contributions** will help fund grants awarded in response to requests initiated by SDPD employees. The San Diego Police Foundation, a nonprofit 501 (c)(3) organization, works with you to make it happen. Taxpayer ID# 33-0785173

PLEASE PRINT

Last Name:		SSN:	
First Name:	M.I.	Phone:	
Address:			
City:	State:	Zip:	
Effective Date:			

Please keep me apprised of Foundation activities and events

I pledge \$ _____ per paycheck (minimum \$1.00 per paycheck)

to be allocated as follows:

		Office Use Code #
<input type="checkbox"/> SDPF S.W.A.T. Fund (<i>grants for SDPD S.W.A.T Unit</i>)	\$ _____	
<input type="checkbox"/> SDPF Canine Fund (<i>includes replacing SDPD service dog retirees</i>)	\$ _____	
<input type="checkbox"/> SDPF Grant Fund (<i>may be used for any SDPD dept. or unit</i>)	\$ _____	
<input type="checkbox"/> SDPF Other	\$ _____	

Special recognition instructions:

Anonymous Gift Other instructions _____

Having made a pledge of financial support to payee: **San Diego Police Foundation**, I do hereby authorize the City of San Diego Auditor and Comptroller, in cooperation with the SDPOA, to deduct from my paycheck or pension due, the amount indicated above. I can cancel this authorization at any time upon written notice.

SDPD Employee SDPD Retiree Discontinue Deduction

Signature: _____ Date: _____