



DONATION NUMBER N.B.P.O.A. USE ONLY

APPLICATION FOR DONATION

Any and all persons or organizations wanting the New Baltimore Police Officers Association to donate funds must fully complete the following form.

Group/Person: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone No: H-_____ W-_____

Donation Request: \$25 \$50 \$75 \$100 Other: _____

Reason for Donation: _____

Applicant's Signature: _____ Date: _____

-----**Approved: Y/N**

Check #: _____ **Amount:** _____ **Date:** _____

Reason for Non-Approval: _____

Approved By: _____ Rank: _____

Signature