

Social Security # (SEE OVER)	Employee Name	Employee #	Police Department

BE SURE THAT YOUR NAME, SOCIAL SECURITY #, AND EMPLOYEE # APPEAR IN ASSIGNED SPACE ABOVE

# The Los Angeles Police Museum

I HEREBY PLEDGE A CONTRIBUTION TO THE LOS ANGELES POLICE MUSEUM AND AUTHORIZE THE CITY CONTROLLER TO DEDUCT THE DOLLAR AMOUNT INDICATED. I FURTHER AUTHORIZE THE CONTROLLER TO FORWARD THE AMOUNT DEDUCTED TO THE LOS ANGELES POLICE MUSEUM.

## THE DEDUCTION IS TAX DEDUCTIBLE

THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL CANCELLED BY ME IN WRITING.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## INSTRUCTIONS

SPECIFY TOTAL DOLLAR AMOUNT PER PAY PERIOD AND CHECK ONE OF THE BOXES

<input type="checkbox"/> <b>ACTIVE</b> (Biweekly Pay)	\$
<input type="checkbox"/> <b>RETIRED</b> (Monthly Pay)	\$

AMOUNT PER PAY PERIOD \$ \_\_\_\_\_  
(MINIMUM \$2.00 ACTIVE OR \$4.00 RETIRED)

# The Los Angeles Police Museum

## Payroll Deduction Membership Application

501 (c) (3) non-profit corporation, Tax ID #95-4264361

Name \_\_\_\_\_

Contribution per check:

Address \_\_\_\_\_

\$

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE RETURN TO:**

Los Angeles Police Museum  
6045 York Blvd.

Phone \_\_\_\_\_ Date \_\_\_\_\_

Los Angeles, CA 90042-3503

323-344-9445 office

Email \_\_\_\_\_

877-714-LAPD toll free