

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

Email _____

323-344-9445 office

877-714-LAPD toll free

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

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