



New York State Correctional Officers & Police Benevolent Association, Inc.

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Association Level Public Relations Donation

Deadline to submit:

FACILITY: _____

FROM: _____

C.S.S OR STEWARD: _____

DATE SUBMITTED: _____

Was this brought through the sector? Yes No

Brief description of donation:

Check Payable to: _____

Amount requested: _____

Amount approved: _____

**All requests must be received in writing and attached to this form.

Vice President Approval: _____

Executive Board Treasurer Approval: _____