

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

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Sector Public Relations Donation Form

Sector:	Region:	Steward:	
Phone:	Email:		
Date: Amount:			
Organization Donation is for:			501c3? (IRS Designated Charity)
Address of organization:			•
Contact Information (of requesti	ng organization):		
Name:			
Title:	_		
Phone:			
Email:			
Purpose of NYSCOPBA funds re	quested:		
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Is there an event associated with	this donation? Yes	No	
Date and Time of event:			
Media Coverage for event? Yes	No If yes, Contac	t Info:	