

## **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 D	onation is for:			501c3? [IRS Designated Charity)
Address of organization:				
Contact Information (of requesting organization):				
Name:				
Title:				
Phone:				
Email:				
Purpose of NYSCOPBA funds requested:				
Is there an ever	nt associated with this	s donation? Yes	No	
Date and Time	of event:			
Media Coverage for event? Yes No If yes, Contact Info:				