



SHERIFF'S EMPLOYEES' BENEFIT ASSOCIATION

## Back To School Shop With A Cop

Dear Friend of Law Enforcement,

Unfortunately, many children throughout our county will be ill prepared for the new school year due to a lack of finances, so at this time, we are reaching out to friends and supporters like you to insure as many children as possible have the proper clothing, shoes and school supplies by donating to our SEBA **Back To School Shop With A Cop** program.

This July, many of your Public Safety Heroes from the San Bernardino County Sheriff's Department, District Attorney's Office and other Public Safety agencies will chaperone a child in our SEBA **Back To School Shop With A Cop** program.

Local deserving youth will be escorted by Law Enforcement Heroes on a shopping spree for clothing, shoes and school supplies. Children unable to afford proper clothing and shoes often face ridicule by other children. Not having the proper school supplies often limits their ability to compete and excel in their school work.

We sincerely hope that you will join us in placing a smile on a child's face by making a tax-deductible contribution today to support the SEBA **Back To School Shop With A Cop** and other SEBA Charity Fund projects.

Yours Truly,  
*Grant Ward*  
President

**Make check payable and mail all donations to:**

**SEBA Charity Fund  
735 E. Carnegie Drive, Ste. 125  
San Bernardino, CA 92408**

Donation is tax deductible to the extent allowed by Federal and State law  
San Bernardino County Sheriff's Employees' Benefit Association Charity Fund Tax ID# 77-0606318

For more information call at (909) 386-7813 or visit [www.sanbernardinosherriffseba.com](http://www.sanbernardinosherriffseba.com)



## Back To School Shop With A Cop

### SPONSOR FORM

**YES! I/We would like to donate. Please fill out this form and return with your check.**

\_\_\_ \$2,500.00 \_\_\_ \$1,000.00 \_\_\_ \$500.00 \_\_\_ \$250.00 \_\_\_ \$100.00 \_\_\_ \$Other

Donor Name: Mr/Ms \_\_\_\_\_

Corporate Name if Applicable: \_\_\_\_\_

Corporate Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Home/Business Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Total donation: \$ \_\_\_\_\_ We accept: MC VISA AMEX & Discover

Credit Card # \_\_\_\_\_ Sec. Code # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

If paying by credit card you may fax this form to: 909-383-6600

**Make checks payable and mail to:**  
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**San Bernardino, CA 92408**

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