



Sheriff's Department Exercise Equipment Fundraiser



Name: _____

Amount: \$25 \$50 \$100 Other \$ _____

- Check here if paying by Cash or Check.
- Check here if paying by Credit Card. (3.5% Transaction Fee will be added.)
Card #: _____ Exp. Date: _____
Zip Code: _____ Security Code: _____
- Check here to put on quarterly bill. (One time charge.)

Thank you for your support!

