

BECKLEY POLICE DEPARTMENT JUNIOR POLICE ACADEMY

Pledge Form

Donor Information

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____

EMAIL: _____

Pledge Information

I (we) pledge to donate _____ to the Beckley Police Department's Junior Police and Leadership Academy during the week of June 10 to June 14, 2019.

Signature Date

Receiving Donation (To be completed by Donor)

Contact Information

NAME: _____

PHONE: _____

PICK UP LOCATION: _____

ANY ADDITIONAL INFORMATION OR INSTRUCTIONS:

