

Suffolk County Police Department Alumni Association

End of Watch Memorial Light Order Form

A Changing Color Commemorative Lamp



Inscription

Rank: _____

Name (First and Last): _____

EOW Date: _____

Recipient Information

Ship to: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Cost \$50.00 + 8.00 shipping

Surviving spouse cost \$25.00 (Alumni pays the balance) Amount enclosed _____

Make check payable & mail to:

SCPD Alumni Association,
P.O. Box 5998, Spring Hill, FL 34611