

Suffolk County Police Department Alumni Association

Member Retirement Light Order Form
A Changing Color Commemorative Lamp



Inscription

Line 1: Rank (abbrev ie PO, DET, SGT)
and Name: _____

Line 2: Retirement Date _____

Recipient Information

Ship to: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Cost \$50.00 + 8.00 shipping Amount _____

Make check payable & mail to:

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