



Washington State Patrol Memorial Foundation

44th Annual Memorial Foundation Dinner

In memory of those officers who gave their lives. serving the citizens of the State of Washington.

Vernon Fortin - September 30, 1923 | Irving Thorsvig - October 26, 1926 | Conard Tolson - March 24, 1929 | H. Douglas Cossmann - October 9, 1929 | William Pautzke - May 8, 1930 | Loren Ray - December 16, 1934 | Allen Ludden - March 15, 1938 | John Gulden - December 23, 1942 | Thomas Hanlin - May 26, 1945 | Paul Johnson - December 12, 1949 | Ivan Belka - August 18, 1951 | Don Campbell - December 21, 1951 | John Wright - June 28, 1953 | Gene Bolstad - September 3, 1957 | Ernest Eichhorn - September 16, 1958 | Wes Whittenberg - December 29, 1960 | Clarence Johnson - September 8, 1968 | C. Frank Noble - February 5, 1972 | Joseph Modlin - August 15, 1974 | Thomas Hendrickson - November 17, 1974 | Glenda Thomas - May 24, 1985 | James Gain - March 2, 1987 | Clifford Hansell - July 22, 1987 | Raymond Hawn - January 17, 1990 | Steven Frink - March 22, 1993 | James Saunders - October 7, 1999 | Tony Radulescu - February 23, 2012 | Sean O'Connell, Jr. - May 31, 2013 | Brent Hanger - August 6, 2015
S. Renee Padgett - September 4, 2018 | Justin Schaffer - March 24, 2020 | Eric Gunderson - September 26, 2021 | Christopher Gadd - March 2, 2024

April 11, 2026 – Ilani Resort Casino, Vancouver, WA

Dinner tickets - \$100/adult and \$55/child {10 and under}

Please fill out and mail in with check, Venmo payment or credit card information to: WSPMF, PO Box 901, Prosser, WA 99350

Registration names and meal choices: *{Please circle one}* Dinner comes with a salad, entrée and dessert.

1. _____ Roasted Chicken / NY Steak / Salmon Filet / Coconut Milk Risotto with mushrooms / Child
2. _____ Roasted Chicken / NY Steak / Salmon Filet / Coconut Milk Risotto with mushrooms / Child
3. _____ Roasted Chicken / NY Steak / Salmon Filet / Coconut Milk Risotto with mushrooms / Child
4. _____ Roasted Chicken / NY Steak / Salmon Filet / Coconut Milk Risotto with mushrooms / Child

Please use an additional form if registering more than 4 attendees.

Name _____

Address _____

Phone (____) _____ Email _____



• Payment: ____ I have enclosed a check {made out to WSPMF} ____ Debit/Credit ____ Venmo Total Charge: _____

Card Number _____ Expiration Date _____ 3-Digit Code _____

Authorized Signature _____

To split your total into two payments, please contact Megan King at wspmemorialfoundation@gmail.com

I would like to sit with: _____

Registration deadline – March 23, 2025 Questions? Contact Megan King at wspmemorialfoundation@gmail.com or 360.597.4411