

SHARING BRINGS HOPE

PAYROLL GIVING CARD

Section One: PAYROLL AUTHORIZATION

Complete Section One to authorize a new payroll deduction(s), to increase existing deduction(s) or to cancel old deduction(s). All may be done on a single form. All donations are tax deductible.

Employee Name _____ Employee No. _____ My gift is \$ _____ per pay period

Location Code _____ School/Dept. _____ The minimum amount is \$2 per agency (ies) per pay period.= \$ _____ for the year.

I hereby authorize my employer to deduct the amount indicated from each pay period. This authorization will remain in force until cancelled by me. Participation in this campaign indicates my specific understanding that my name and office/work information will be provided to the agency/charity receiving my donation.

Signature _____

Payroll cannot process without signature

Date _____

NEW: Any new payroll deduction.

CHANGE: A change will replace existing dollar deduction amounts. Please write the new amount only.

CANCEL: To cancel existing payroll deduction.

New	Change	Cancel	Payroll Code	Fund Distribution Agency	\$ Amount Per Pay Period
			9105	Asian Pacific Community Fund*	
			9102	Brotherhood Crusade*	
			9106	Community Health Charities of California*	
			9107	Earth Share of California*	
			9112	Hispanic Scholarship Fund	
			9115	Kathryn Kurka Children's Health Fund, Inc.*	
			9104	LAUSD Employee Sponsored Scholarship Fund	
			9110	The Los Angeles Trust for Children's Health	
			9111	United Latino Fund*	
			9103	United Negro College Fund	
			9116	United Teachers Educational Foundation	
			9101	United Way of Greater Los Angeles*	

DO NOT DETACH

Section two: DONOR DESIGNATION

You may designate your payroll deductions to go to any 501(C)(3) nonprofit charitable organization by selecting one of the above starred* Fund Distribution Agencies to process your donation. We will need the name and address of the charity and the name of the FDA to be indicated below.

Amount of payroll deduction \$ _____

Name of charity _____ Phone number _____

Address of charity _____

Name of Fund Distribution Agency _____

Section three: ONE TIME GIFTS

You may make a one-time gift to any of the above listed Fund Distribution Agencies by attaching your check made out to LAUSDCCC and indicating your choice of FDA. You may also make a one-time gift to any 501(C)(3) nonprofit charitable organization by selecting one of the above starred* Fund Distribution Agencies to process your donation. Please make your check out to LAUSDCCC and indicate the charity and FDA below. Please indicate the charity in the memo section of your check.

Amount of one-time gift \$ _____

Name of charity _____ Phone number _____

Address of charity _____

Name of Fund Distribution Agency _____

Section four: ACKNOWLEDGEMENT

To receive an acknowledgement for your donation, please provide the information shown below. Your personal information will not be sold or given to any other agency.

Name _____ Email _____

Address _____

City _____ Zip _____

Daytime phone _____ School/Dept. _____

**Thank you for giving through the Los Angeles Unified School District Consolidated Charitable Campaign.
Fund Distribution Agencies do not provide goods or services in return or exchange for their contribution.**