

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.

NEW: Any new payroll deduction.

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

CANCEL: To cancel existing agency deduction.

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 _____

Date _____

Payroll cannot process without signature

New	Change	Cancel	Payroll Code	Fund Distribution Agency	\$ Amount Per Pay Period
			9220	Asian Pacific Community Fund *	
			9205	Brotherhood Crusade *	
			9225	Community Health Charities of California *	
			9230	EarthShare California *	
			9255	Hispanic Scholarship Fund	
			9270	Kathryn Kurka Children's Health Fund, Inc. *	
			9215	LAUSD Employee Sponsored Scholarship Fund	
			9245	Los Angeles Trust for Children's Health	
			9250	United Latino Fund *	
			9210	UNCF	
			9275	United Teachers Educational Foundation	
			9200	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 clearly print 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. _____

Fund Distribution Agencies do not provide goods or services in return or exchange for their contributions.

www.SharingBringsHope.org