

**LAUSD 2009 SHARING BRINGS HOPE
CONSOLIDATED CHARITABLE CAMPAIGN**

PAYROLL GIVING CARD INSTRUCTIONS

Please scroll down for detailed instructions on how to fill out each section of your Payroll Giving Form. You can print out a blank Payroll Giving Card by clicking on the link below.

<http://www.sharingbringshope.org>

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:

CANCEL:

I hereby

amount in

authorizat

by me. Par

specific u

office/work

agency/char

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	Earth Share of California *	
			9255	Hispanic Scholarship Fund	
			9270	Kathryn Kurka Children's Health Fund, Inc. *	
			9215	LAUSD Employee Sponsored Scholarship Fund	
			9245	The Los Angeles Trust for Children's Health	
			9250	United Latino Fund *	
			9210	United Negro College Fund	
			9275	United Teachers Educational Foundation	
			9200	United Way of Greater Los Angeles *	

**SECTION #1
PAYROLL
AUTHORIZATION**

DO NOT DETACH

Section two: DONOR DESIGNATION

You may designate your payroll deduction to any of the above listed Fund Distribution Agencies (FDA) to be indicated below.

Amount of payroll deduction \$ _____

Name of charity _____

Address of charity _____

Name of Fund Distribution Agency _____

**SECTION #2
DONOR
DESIGNATION**

Charitable organization by selecting one of the above listed Fund Distribution Agencies (FDA) and indicate the name and address of the charity and the name of the charity.

Phone number _____

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 and attaching your check made out to LAUSDCCC and indicating the charity and FDA below. Please indicate the charity and FDA below.

Amount of one-time gift \$ _____

Name of charity _____

Address of charity _____

Name of Fund Distribution Agency _____

**SECTION #3
ONE-TIME GIFTS**

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 _____

Address _____

City _____

Daytime phone _____

**SECTION #4
ACKNOWLEDGEMENT**

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

www.SharingBringsHope.org

#105 12/2008

INSTRUCTIONS FOR SECTION #1 – PAYROLL AUTHORIZATION

SHARING BRINGS HOPE

Section One: PAYROLL AUTHORIZATION

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

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 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

PAYROLL GIVING CARD

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	Earth Share of California *	
			9255	Hispanic Scholarship Fund	
			9270	Kathryn Kurka Children's Health Fund, Inc. *	
			9215	LAUSD Employee Sponsored Scholarship Fund	
			9245	The Los Angeles Trust for Children's Health	
			9250	United Latino Fund *	
			9210	United Negro College Fund	
			9275	United Teachers Educational Foundation	
			9200	United Way of Greater Los Angeles *	

DO NOT DETACH

- 1 → Fill in EMPLOYEE NAME.
- 2 → Fill in employee's LOCATION CODE.
- 3 → Fill in DONATION AMOUNT PER PAY PERIOD.
- 4 → Fill in employee's LOCATION CODE.
- 5 → Fill in employee's NAME OF SCHOOL or DEPARTMENT where they work.
- 6 → Fill in the AMOUNT OF DONATION for the year.
To calculate:

Multiply: AMOUNT ENTERED IN BOX #3
By 12 PAY PERIODS PER YEAR

Example: Donating \$10 (per pay period) to United Negro College Fund
Multiplied By 12 Pay Periods Per Year

TOTAL DONATION: \$10 x 12 pay periods = \$120
 (Enter \$120 on the line above Box #6)

SECTION #1 – PAYROLL AUTHORIZATION (continued)

7

→ If donating through payroll deduction, please check one of the corresponding boxes as follows:

- If you are a **NEW DONOR** to the campaign, check the box in the **NEW Column** that corresponds with the organization(s) you are donating to.
- If you currently donating through payroll deductions, but would like to **CHANGE THE AMOUNT OF YOUR DONATION**, check the box in the **CHANGE Column** that corresponds to the organization(s) you are donating to.
- If you are currently donating through payroll deductions are would like to **CANCEL YOUR DONATION**, check the box in the **CANCEL Column** that corresponds to the organization(s) you are donating to.

8

→ Fill in DONATION AMOUNT PER PAY PERIOD in the box adjacent to the name of the organization(s) that is to receive your donation.

9

→ SIGN and DATE Payroll Giving Card.

INSTRUCTIONS FOR SECTION #2 – DONOR DESIGNATIONS

If you wish to make a donation through Payroll Deductions to a SPECIFIC AGENCY/ CHARITY, please complete SECTION #2 of the Payroll Giving Card as follows:

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 \$ 10

Name of charity _____ Phone number _____

Address of charity 11 _____

Name of Fund Distribution Agency _____

If you would like to designate your donation to a specific 501(c)(3) non-profit organization, you must select one of the Fund Distribution Agency (FDA) listed in Section #1 with an asterisk (*) next to their name to process your donation.

10

- Fill in TOTAL AMOUNT OF PAYROLL DEDUCTION FOR THE YEAR.
(*Should be the same amount shown in Box #6 above.*)

11

- If you are donating to one of the charities specifically supported by one of the campaign's 12 FDAs, you only need to FILL IN THE NAME OF THE CHARITY and the name of the corresponding FDA that will process your donation.
- If you are donating to a specific charity of your choice, that is not part of the campaign, please fill in the NAME AND ADDRESS OF THE CHARITY (and phone number, if possible) you would like to donate to, and select one of the FDAs with an asterisk next to their name to process your donation. Please make sure the charity you want to designate to is a non-profit, tax-exempt organization. (IRS Classification: 501(c)(3))

If donor does not know complete address information, they should fill in as much information as possible. A maximum of two (2) agencies/charities can be designated

NOTES: *The FDA selected to process the designation must be the same as the FDA checked at the top of the Payroll Giving Card.*

A designation will remain on-going until superseded by a new designation or until cancelled.

If your charity does not meet this requirement, you will be notified in writing. If you do not respond within 60 days after notification, your gift will be treated as an undesignated contribution by the FDA you selected to process it.

INSTRUCTIONS FOR SECTION #3 – ONE-TIME GIFTS

If you wish to make One-Time Gift to a SPECIFIC AGENCY/ CHARITY, please complete SECTION #3 of the Payroll Giving Card as follows:

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 _____ _____

12 → Fill in the AMOUNT OF ONE-TIME GIFT. (Please make checks payable to: LAUSDCCC.)

13 → If you are donating to one of the charities specifically supported by one of the campaign's 12 FDAs, you only need to FILL IN THE NAME OF THE CHARITY.

→ If you are donating to a specific charity of your choice, that is not part of the campaign, please fill in the NAME AND ADDRESS OF THE CHARITY (and phone number, if possible) you would like to donate to. *(Please see information on previous page under Donor Designations.)*

14 → Fill in the NAME OF THE CORRESPONDING FDA with an asterisk next to their name that will process your donation.

INSTRUCTIONS FOR SECTION #4 – ACKNOWLEDGEMENTS

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 _____ **15** _____
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

#105 12/2008

15

→ **FOR ACKNOWLEDGEMENTS:**

We encourage you to request an ACKNOWLEDGEMENT of your donation. Please fill in ALL REQUESTED INFORMATION. (Department Name and Daytime Phone Number are needed in the event any questions arise concerning your donation.)

NOTE:

IRS regulations state that a donor is responsible for obtaining a written acknowledgment from a charity for any single contribution of \$250 or more before the donor can claim a charitable contribution on his/her federal income tax return.