

CHLA **GIVES** Donation Form



YES! I want to support Children's Hospital Los Angeles by making a tax-deductible donation.

EMPLOYEE INFORMATION

**Required information*

*Legal name: _____

*Preferred mailing address: ☐ Home ☐ Work _____

Department: _____

*Extension: _____

Mail stop: _____

* Employee ID # _____

☐ I would like to remain anonymous.

*GIFT DESIGNATION

☐ Children's Fund

If you wish to support another fund or a specific area of the hospital, please visit CHLA.org/EmployeePledge.

PAYROLL RECURRING DONATION

Payroll deductions

Amount:

☐ \$25 ☐ \$15 ☐ \$10 ☐ \$5 ☐ Other: _____ ☐ Change my current payroll deduction from \$ _____ to \$ _____.

VOLUNTARY AUTHORIZATION FOR PAYROLL DEDUCTIONS

By signing below, I verify that I have reviewed my Employee Giving Program donation elections, and I voluntarily authorize CHLA to make payroll deduction(s) from my pay, in the amount(s) specified, for the donation(s) that I have voluntarily elected. I understand that these deduction(s) will be made on a post-tax basis to the extent available, unless otherwise disclosed. CHLA does not provide goods or services for any contributions made by payroll deduction. I may revoke this Authorization by informing Payroll, in writing, of my wish to do so. I acknowledge that I have read this Authorization, understand it, and voluntarily agree and consent to its provisions.

Signature: _____

Date: _____

ONE-TIME GIFT To participate in CHLAGives, I am making a one-time gift of:

☐ Vacation donation

If you would like to make a donation of vacation hours, please contact CHLA Gives staff at CHLAGives@chla.usc.edu or 323-361-1744.

Please allow two weeks for processing. The deadline to submit vacation hours to count toward the calendar year is the second Friday in December.

☐ Cash/check (payable to CHLA) Donation amount: \$ _____

☐ Credit card Donation amount: \$ _____

Name on card: _____

Signature: _____

Credit card #: _____ Exp. date: ____/____

CHLA PCI compliance policy requires that we do not accept credit card information via email. If sending form via email, please leave credit card information blank and call 323-361-1744 with this information.

Please return your confidential pledge form to the CHLA Gives staff at MS #29 or via email at CHLAGives@chla.usc.edu.
If you have any questions, please call 323-361-1744. Thank you for your support!