

Name: \_\_\_\_\_

Check to unsubscribe from updates from CHLA

Address: \_\_\_\_\_

Employee Number/ID: \_\_\_\_\_

\_\_\_\_\_

Please deduct \_\_\_\_\_ from each paycheck I receive.

Phone: \_\_\_\_\_

I authorize my payroll deduction by signing below:

Company: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Attention HR Departments:** Please contact the CHLA Donor Services Department at **323-361-3850** or email us at **donorservices@chla.usc.edu** to confirm that your giving program is in place. Thank you!

CHLA Tax ID # 95-1690977

**\$5**

weekly payroll  
deduction for one year



could provide a **book every week for one year** for CHLA's Literally Healing Program, where books are provided daily to our patients and their families.

**\$10**

weekly payroll  
deduction for one year



could provide **four cases of preemie diapers** for babies weighing up to 4 pounds.

**\$15**

weekly payroll  
deduction for one year



could provide **185 infant eye shields** to protect the vision of infants and neonates whose eyesight is not yet well-developed or who are undergoing UV light therapy.

**\$20**

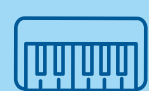
weekly payroll  
deduction for one year



could provide **20 cases of assorted distraction toys** used with pre-school age patients during medical procedures.

**\$25**

weekly payroll  
deduction for one year



could provide **seven guitars and five keyboard bundles** for the Music Therapy Program, which complements a patient's medical care and can have a profoundly positive impact on patients and families.