



# 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](http://CHLA.org/EmployeePledge).

## PAYROLL RECURRING DONATION

### Payroll deductions

Amount:

\$50  \$25  \$20  \$10  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](mailto: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](mailto:CHLAGives@chla.usc.edu). If you have any questions, please call 323-361-1744. Thank you for your support!