



County of Los Angeles

2017 Charitable Giving Campaign

ONE TIME DONATION FORM



Employee Name	
Department	
Email Address	
Phone Number	
Mode of Payment	[] CHECK Check # _____ [] MONEY ORDER

This one time gift is directed to:

Fund Distribution Agency (FDA)

- | | |
|--|---|
| <input type="checkbox"/> Asian Pacific Community Fund | <input type="checkbox"/> Brotherhood Crusade |
| <input type="checkbox"/> Community Health Charities | <input type="checkbox"/> Earthshare of California |
| <input type="checkbox"/> United Latinx Fund | <input type="checkbox"/> United Way of Greater L.A. |
| <input type="checkbox"/> Variety – The Children’s Charity of Southern California | |

Direct Designation

Name of DDA: _____

Employee Signature / Date _____

Charitable Giving Coordinator Signature / Date _____

EMPLOYEE:

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

CHARITABLE GIVING COORDINATOR:

SUBMIT THIS FORM WITH THE CHECK/MONEY ORDER TO THE OFFICE OF WORKPLACE PROGRAMS