

COORDINATOR HANDBOOK

**REPORT FORM**

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Please complete all information requested below. Thank You!

<u>CATEGORY</u>	<u>AMOUNT COLLECTED</u>
Cash Collected	\$ _____
Checks Collected	\$ _____
Total Number of Payroll Giving Forms Included:	_____

One-time donations are NOT payroll deductions. They must be cash or check donations.



Please deliver this report with ALL Payroll Giving Forms (for payroll deductions, special designations and one-time gifts) and checks to the Lead Department.

DO NOT DETACH ANY PORTION OF THE PAYROLL GIVING FORMS.

Please return all items

**NO LATER THAN November 18, 2011** to Lead Department

**Laura Trejo**  
Department of Aging  
3580 Wilshire Blvd, Suite 300  
Los Angeles, CA 90010

Mail within City Departments use: Mail Stop 857