

ONE-TIME DONATION Form - Give to LA



SECTION 1 Employee Information. Please complete this section.

Employee ID #	Department Name		
First Name	Middle Initial	Last Name	
Email	Day Phone		
Home Address	City, State	Zip	

SECTION 2 Select One-Time Donation Payment and the Charities You Would Like to Support

Date: _____ Signature: _____

☐ Total one-time donation of \$_____ will be paid in the following manner:
☐ Check (Make payable to Give to LA)
☐ Cash

Scan here to give via credit card!



\$_____ 6A - Asian Pacific Community Fund



\$_____ 65 - Brotherhood Crusade



\$_____ 8E - EarthShare



\$_____ 8M - LAFA/Meals on Wheels



\$_____ 5V - Variety The Children's Charity of Southern California



\$_____ 6U - UnitedLatinX Fund



\$_____ 69 - United Way of Greater Los Angeles

SECTION 3 Special Designated Donations: To give to a charity not listed above, select one of the participating agencies below and list the charity of your choice.

- | | |
|---|--|
| ☐ Asian Pacific Community Fund | ☐ Brotherhood Crusade |
| ☐ EarthShare | ☐ LAFA/Meals on Wheels |
| ☐ Variety The Children's Charity of Southern CA | ☐ UnitedLatinX Fund |
| ☐ United Way of Greater Los Angeles | |

List Charity of Your Choice:

Name of Charity	
Address	City/ST/Zip

SECTION 4 To opt out of receiving any correspondence or acknowledgement, check box below

☐ Please do not send any correspondence or acknowledgement