COORDINATOR'S REPORT ENVELOPE

Deadline: April 14, 2017 Hotline: 888-492-4738



SHARING BRINGS HOPE

www.SharingBringsHope.org



From:	Coordinator Name:	(optional) Cell Phone:	Phone:	
	Name of School / Division:		Email:	
	Location Code:	DISTRICT:		(if applicable
Го:	DISTRICT / Division Chair/Department			
	DISTRICT / Division Chair Location			

Deliver to your Local DISTRICT / Division Chairperson on or before the DEADLINE of April 14:

INSTRUCTIONS

PLEASE DO NOT ENCLOSE CASH: All cash donations need to be converted into a check (school check or personal check).

- ALL CHECKS ARE TO BE MADE PAYABLE TO: LAUSDCCC
- CONTRIBUTION TOTALS: Fill in the total amount of donations designated to each Fund Distribution Agency (FDA) in the separate columns below, specifying total amounts donated from Student Body, from Parents, and from Employees.

TOTAL EACH COLUMN: Student Body Check(s), Parent Checks, and Employee Checks.

• GRAND TOTAL: Grand Total of all three (3) columns below <u>MUST</u> equal the total amount of checks included in this envelope.

FUND DISTRIBUTION AGENCY (FDA)	STUDENT BODY CHECKS	PARENT CHECKS	EMPLOYEE CHECKS
All Charities			
Asian Pacific Community Fund			
Brotherhood Crusade			
Community Health Charities			
EarthShare California			
Kathryn Kurka Children's Health Fund, Inc.			
LAUSD Employee Sponsored Scholarship Fund			
The L.A. Trust for Children's Health			
United Latino Fund			
United Negro College Fund			
United Teachers Educational Foundation			
United Way of Greater Los Angeles			
	STUDENT BODY CHECKS	PARENT CHECKS	EMPLOYEE CHECKS
TOTALS:			

GRAND TOTAL	\$