

LAUSD Consolidated Charitable Campaign
COORDINATOR REPORT FORM

Deadline: April 26, 2024



SHARING BRINGS HOPE

www.SharingBringsHope.org



From: Coordlnator Name: (optional) Cell Phone: Phone:

Name of School / Division: Email:

Location Code: REGION/DITRICT: *(if applicable)*

To: REGION/ DISTRICT / Division Chair/Department

REGION/DISTRICT / Division Chair Location

Deliver to your REGION/Local DISTRICT / Division Chairperson on or before the DEADLINE of April 19:

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 MUST 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			
EarthShare			
Kathryn Kurka Children's Health Fund, Inc.			
LAUSD Employee Sponsored Scholarship Fund			
The L.A. Trust for Children's Health			
United Latinx Fund			
United Negro College Fund			
United Teachers Educational Foundation			
United Way of Greater Los Angeles			
TOTALS:	STUDENT BODY CHECKS	PARENT CHECKS	EMPLOYEE CHECKS

GRAND TOTAL \$ _____

The Grand Total of all three columns MUST equal the total checks included in this envelope.