



VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION FOR CHARITABLE GIVING

First Name: _____	Middle Initial: _____	Last Name: _____
Primary Email: _____	Work Phone: _____	
Secondary Email: _____	Home Phone: _____	
Mailing Address: _____		
Department: _____		
Division: _____		
Title: _____		

Authorization Request:

☐ New Voluntary Deduction	Monthly Deduction Amount: \$ _____
☐ Change Existing Voluntary Deduction	From \$ _____ To \$ _____
☐ Cancel Existing Voluntary Deduction	

Please Initial Each Statement Below:

_____ I hereby authorize the Los Angeles County Office of Education to deduct a charitable donation from my regular salary to the Greater Los Angeles Education Foundation in the amount indicated above.

_____ I understand payroll deduction will occur once a month on the first pay period of the month.

_____ I understand this authorization shall remain in effect until I submit a new Voluntary Payroll Deduction Authorization form changing or canceling this authorization.

Donation Details:

I would like my voluntary payroll deduction to be designated to the following:

- ☐ **GLAEF Annual Fund.** Gifts to this fund support GLAEF's ability to respond to emerging opportunities, maintain stability, and continue its mission-driven work.
- ☐ **LACOE Signature Fund @GLAEF.** This fund is GLAEF's official sponsorship platform, providing unrestricted event and program support for LACOE. Gifts to this fund support LACOE-led events and programs, such as convenings, professional development training, teacher appreciation activities, and other events and programs requested by LACOE employees.
- ☐ **Other** (Please tell us where you would like your donation to go. You may specify the scholarship or program you wish to support here.)



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Recognition:

Please indicate how you would like to be recognized for your generous contribution (please check one):

- ☐ I would like to be listed as an anonymous donor and prefer not to have my name disclosed publicly.
- ☐ Recognize me by my full name as, _____, in any public acknowledgement or donor listing.
- ☐ I prefer to be recognized under a pseudonym/nickname as, _____
- ☐ Recognize my donation in honor or memory of:
- ☐ In honor of _____
- ☐ In memory of _____

Your chosen recognition preference is significant to us, and we are committed to respecting your wishes. If you have specific instructions or requests not covered above, please share them with our team.

Please submit form to Alexandra Roosa, at aroosa@glacf.org.

Thank you!

Signature: _____ Date: _____

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