



KURKA CHILDREN'S HEALTH FUND

DONOR CONTRIBUTION FORM

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Thank you for your contribution to help us provide funds for vision, dental and medical services for Los Angeles Unified School District students.

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In memory of: _____
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Send acknowledgement to:

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Amount: \$10 \$25 \$50 Other \$ _____

Please make checks payable to:
Kurka Children's Health Fund
PO Box 39531 Los Angeles, CA 90039-0531
Tax ID #95-414757
Donations are 100% tax deductible