



DONOR CONTRIBUTION FORM

Donor's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Birthday Memorial Other: _____

In memory of (name of loved one): _____

Message: (Optional) _____

Send acknowledgment to:

Name of Recipient: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Street Address of Recipient: _____

Amount: \$25 \$50 \$100 Other \$ _____

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

Please make checks payable to:

Kurka Children's Health Fund
PO Box 39531 Los Angeles, CA 90039-0531

Please return via US mail with proper postage attached

Tax ID #95-414757

Donations are 100% tax deductible

Healthy Children, Ready to Learn