



SHARING BRINGS HOPE
Consolidated Charitable Campaign

2019 Local District South
Coordinators Training

Welcome from Training Lead

Local District South Coordinator
Wendy Cholico, LCSW
Wellness Programs

e: wxa4943@lausd.net

t: (310) 354-3203



South District Charity Liaison

Richard Corral

United Latinx Fund

www.unitedlatinxfund.org

e: info@unitedlatinxfund.org

c: 213-840-8568



Participating Charity Organizations

- * Asian Pacific Community Fund
- * Brotherhood Crusade
- * Community Health Charities
- * EarthShare California
- * Kathryn Kurka Children's Health Fund
- * The L.A. Trust for Children's Health
- * LAUSD Employee Sponsored Scholarship Fund
- * United Latinx Fund
- * United Negro College Fund
- * United Teachers Educational Foundation
- * United Way of Greater Los Angeles



Fund Raising by Local Districts 2017-2018

- * East: \$21,430.16
- * West: \$27,743.67
- * Northwest: \$30,717.34
- * Northeast: \$39,924.87
- * Central: \$44,473.54
- * ***South: \$28,032.28***



Training Overview

- * Role of the coordinator
- * Planning your campaign
- * How students are petitioned
- * How teachers/faculty/administrators are petitioned
- * Resources for you
- * How to make the ask
- * Innovative fundraising strategies
- * Closing your campaign




Planning Your Campaign

- * Campaign materials delivered to your school
- * Campaign window Feb 5 - April 5, 2019
- * Choose a week for your school or campaign for the entire campaign window
- * Use poster to publicize dates



Campaign Poster



Your Dollars Make A Difference



SHARING BRINGS HOPE
CONSOLIDATED CHARITABLE CAMPAIGN

DATES: February 5-April 5, 2019

LOS ANGELES UNIFIED SCHOOL DISTRICT CONSOLIDATED
CHARITABLE CAMPAIGN PARTICIPATING AGENCIES

Asian Pacific Community Fund	LAUSD Employee Sponsored Scholarship Fund
Brotherhood Crusade	The L.A. Trust for Children's Health
Community Health Charities of CA	United Latino Fund
EarthShare California	United Negro College Fund
Kathryn Kurka Children's Health Fund	United Teachers Educational Foundation
United Way of Greater Los Angeles	

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Petitioning Students


- * Students are given envelopes for contributions
- * Teachers are given envelopes to collect contributions
- * Letter to parents with student donation envelope
- * Distribute these materials to teachers




Student Donation Envelope

*Los Angeles Unified School District
Consolidated Charitable Campaign*

STUDENT DONATION ENVELOPE



*Please make checks
Payable to:*
LAUSDCCC



Name: _____

School: _____


Room/Home Room: _____

Teacher: _____

	Agency	\$ Amount
✓	All Charities	1.00
	Asian Pacific Community Fund	
✓	Brotherhood Crusade	.78
✓	Community Health Charities of California	.65
✓	EarthShare California	.65
	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	.65
	United Teachers Educational Foundation	
	United Way of Greater Los Angeles	

THANK YOU FOR HELPING THOSE IN NEED!

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10/2014

#109

Total amount in envelope should be \$3.73



Student Sticker

- * Given to all elementary school and early education center students



Classroom Envelope

LAUSD Consolidated Charitable Campaign

STUDENT CLASSROOM REPORT ENVELOPE



SHARING BRINGS HOPE

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TEACHER: Mrs. Smith

ROOM / HOMEROOM: Room 456

Dear Teacher:

After collecting the student envelopes, please:

- ◆ Check to make sure the student envelopes are sealed and the amount and charity/charities information has been completed.
- ◆ Place the student envelopes in this secured classroom report envelope and deliver to the School Coordinator on a daily basis.
- ◆ Your School Coordinator will return this envelope to you for use the next day!

THANK YOU FOR HELPING THOSE IN NEED!

STUDENT CONTRIBUTIONS DATE	All Charities	Asian Pacific Community Fund	Brotherhood Crusade	Community Health Charities of CA	EarthShare CA	Kathryn Kurba 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
3/14	10.34				2.98			5.65				
3/15						25						
3/16				2.31			1.86					
3/17			4.12						40			
TOTALS FOR EACH CHARITY												
TOTAL STUDENT CASH	10.34	4.12	2.31	2.98		1.86	5.65					
TOTAL PARENT CHECKS					25							
TOTAL TEACHER CHECKS								40				



Copies of this envelope can be printed at www.SharingBringsHope.org

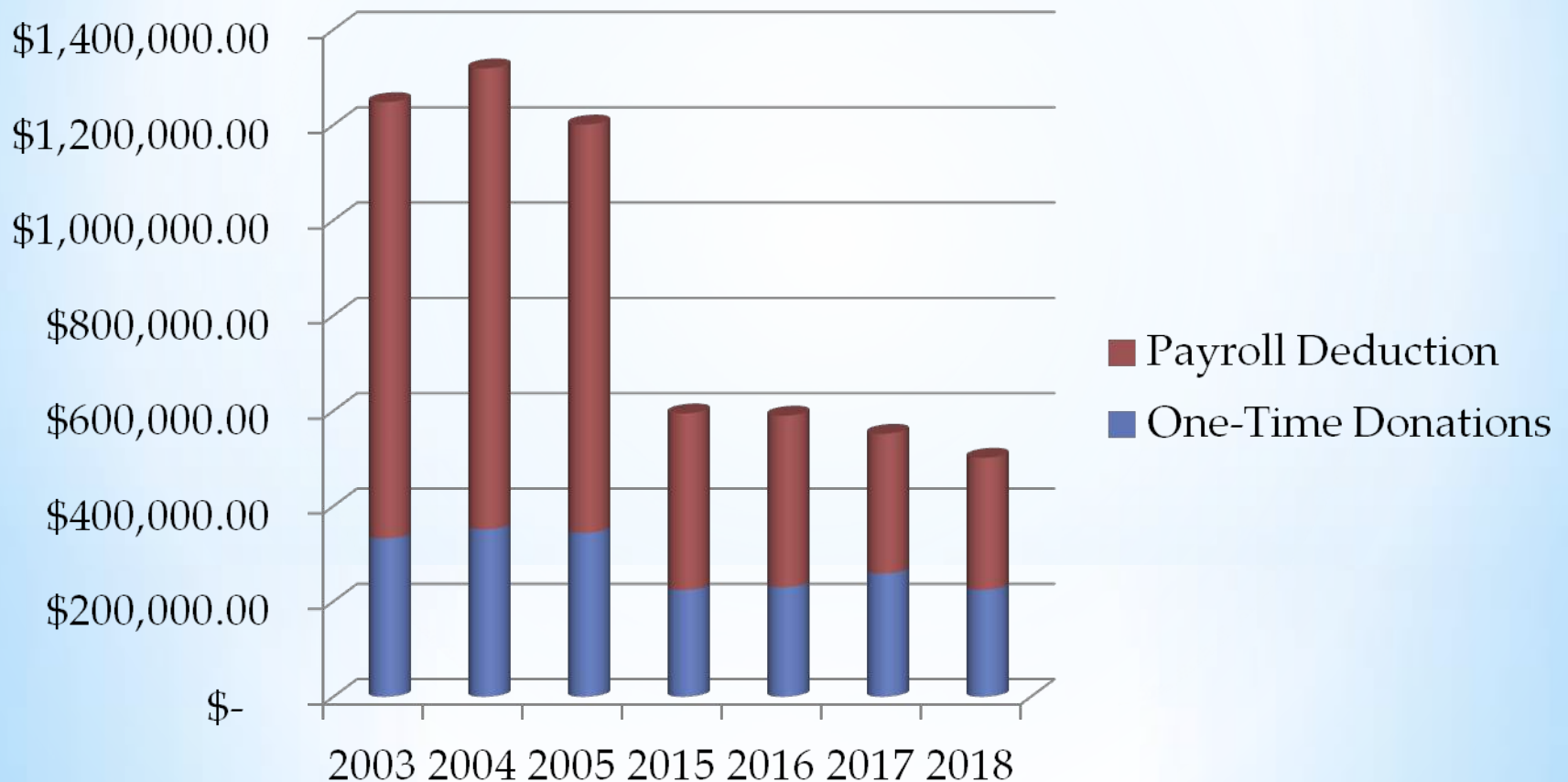


Petitioning Teachers, Faculty and Administrators

- * Teachers, Faculty and Administrators can give
 - Cash or check
 - Payroll deduction
- * Payroll giving card



Payroll Deductions VS One-Time Donations



Top Ten Departments by Employee Count & Amount

Location	Employee Count	Amount
Dist Nursing Svcs-It	92	\$9,901.00
Construc Inspection	44	\$2,799.00
Mental Hlth Svcs-Iti	44	\$3,227.00
Payroll Adm Br	41	\$1,630.00
SPED-APEIS Unit-Itin	38	\$3,188.00
Psychological Svs-It	36	\$2,844.00
SCC Trans ABS Area75	34	\$1,657.00
Stu Hlth-PupilSv&Att	27	\$2,150.16
Summer School Pool	26	\$1,571.50
Trans Servs Div RegB	24	\$854.00

Location	Employee Count	Amount
Dist Nursing Svcs-It	92	\$9,901.00
Fac Contract-CO	13	\$2,799.00
ITD-MISIS	18	\$3,227.00
Mental Hlth Svcs-Iti	44	\$1,630.00
SPED-APEIS Unit-Itin	38	\$3,188.00
Psychological Svs-It	36	\$2,844.00
Construc Inspection	44	\$1,657.00
HR-Cert Perf Eval Su	13	\$2,150.16
Fac Legis, Grants &	2	\$1,571.50
Beyond The Bell Bran	22	\$854.00

Top Ten Schools & Local Districts by Donor Count & Amount

Location	Employee Count	Amount
LD Central	34	\$1,954.00
LD South	24	\$1,690.00
Friedman Occup Ctr	23	\$1,125.00
ROSCOE EL	23	\$692.50
FOSHAY LC	20	\$1,320.00
LORENA EL	19	\$675.50
LD Northwest	18	\$1,556.00
NIMITZ MS	17	\$685.00
PARTHENIA EL	17	\$1,064.00
JORDAN SH	14	\$407.00

Location	Employee Count	Amount
CHASE EL	3	\$2,874.00
LD Central	34	\$1,954.00
LD South	24	\$1,690.00
LD Northwest	18	\$1,556.00
FAIR EL	10	\$1,512.00
HAWAIIAN EL	8	\$1,490.00
FOSHAY LC	20	\$1,320.00
MC ALISTER HS CYESIS	4	\$1,320.00
FREMONT SH	10	\$1,270.00
MC KINLEY EL	6	\$1,175.00

Payroll Giving Card



Hands On Payroll Giving



SHARING BRINGS HOPE

PAYROLL GIVING CARD

Section One: PAYROLL AUTHORIZATION

Complete Section One to authorize a new payroll deduction(s), to increase existing deduction(s) or to cancel old deduction(s). All may be done on a single form. All donations are tax deductible.

Employee Name _____ Employee No. _____ My gift is \$ _____ per pay period
Location Code _____ School/Dept. _____ The minimum amount is \$2 per agency(ies) per pay period= \$ _____ for the year

NEW: Any new payroll deduction

CHANGE: A change will replace existing dollar deduction amounts. Please write the new amount only.

CANCEL: To cancel existing agency deduction.

I hereby authorize my employer to deduct the amount indicated from each pay period. This authorization will remain in force until cancelled by me. Participation in this campaign indicates my specific understanding that my name and office/work information will be provided to the agency/charity receiving my donation.

Signature _____

Date _____
Payroll cannot process without signature

New	Change	Cancel	Payroll Code	Fund Distribution Agency	\$ Amount Per Pay Period
			9200	Asian Pacific Community Fund *	
			9205	Berkeleywood Crusade *	
			9225	Community Health Charities *	
			9230	EarthShare California *	
			9270	Kathryn Kruka Children's Health Fund, Inc. *	
			9215	LAUSD Employee Sponsored Scholarship Fund	
			9245	The L.A. Trust for Children's Health	
			9250	United Latino Fund *	
			9210	United Negro College Fund	
			9275	United Teachers Educational Foundation	
			9200	United Way of Greater Los Angeles *	

DO NOT DETACH

Section Two: DONOR DESIGNATION

You may designate your payroll deductions to go to any 501(c)(3) nonprofit charitable organization by selecting one of the above starred* Fund Distribution Agencies to process your donation. We will need the name and address of the charity and the name of the FDA to be indicated below. All designations remain in place unless cancelled by donor in writing. Please note all FDA's are required to forward donor designations quarterly.

Amount of payroll deduction \$ _____

Name of charity _____ Phone number _____

Address of charity _____

Name of Fund Distribution Agency _____

Section Three: ONE-TIME GIFTS

You may make a one-time gift to any of the above listed Fund Distribution Agencies by attaching your check made out to LAUSDCCC and indicating your choice of FDA. You may also make a one-time gift to any 501(c)(3) nonprofit charitable organization by selecting one of the above starred* Fund Distribution Agencies to process your donation. Please make your check out to LAUSDCCC and indicate the charity and FDA below. Please indicate the charity in the memo section of your check.

Amount of one-time gift \$ _____

Name of charity _____ Phone number _____

Address of charity _____

Name of Fund Distribution Agency _____

Section Four: ACKNOWLEDGEMENT

To receive an acknowledgement for your donation, please clearly print the information shown below. Your personal information will not be sold or given to any other agency.

Name _____ Email _____

Address _____

City _____ Zip _____

Daytime phone _____ School/Dept. _____

Fund Distribution Agencies do not provide goods or services in return or exchange for their contributions.

Payroll Giving Card

Required Information

SHARING BRINGS HOPE

PAYROLL GIVING CARD

Section One: PAYROLL AUTHORIZATION

Complete Section One to authorize a new payroll deduction(s), to increase existing deduction(s) or to cancel old deduction(s). All may be done on a single form. All donations are tax deductible.

Employee Name John W. Smith Employee No. 0123 My gift is \$ 7.00 per pay period
Location Code 3672 School/Dept. Special Ed The minimum amount is \$2 per agency(ies) per pay period-\$ 70 for the year

NEW: Any new payroll deduction.

CHANGE: A change will replace existing dollar deduction amount. Please write the new amount only.

CANCEL: To cancel existing agency deduction.

I hereby authorize my employer to deduct the amount indicated from each pay period. This authorization will remain in force until cancelled by me. Participation in this campaign indicates my specific understanding that my name and office/work information will be provided to the agency/charity receiving my donation.

Signature John W. Smith

Date March, 11, 2019

Payroll cannot process without signature

New	Change	Cancel	Payroll Code	Fund Distribution Agency	\$ Amount Per Pay Period
			9220	Asian Pacific Community Fund *	
✓			9205	Brotherhood Crusade *	2
	✓		9225	Community Health Charities *	5
			9230	EarthShare California *	
			9270	Kathryn Kurka Children's Health Fund, Inc. *	
			9215	LAUSD Employee Sponsored Scholarship Fund	
			9245	The L.A. Trust for Children's Health	
		✓	9250	United Latino Fund *	
			9210	United Negro College Fund	
			9275	United Teachers Educational Foundation	
			9200	United Way of Greater Los Angeles *	

DO NOT DETACH



Designating Organizations

Location Code _____ School/Dept. _____ The minimum amount is \$2 per agency(ies) per pay period=\$ _____ for the year _____

NEW: Any new payroll deduction.

CHANGE: A change will replace existing dollar deduction amounts. Please write the new amount only.

CANCEL: To cancel existing agency deduction.

I hereby authorize my employer to deduct the amount indicated from each pay period. This authorization will remain in force until cancelled by me. Participation in this campaign indicates my specific understanding that my name and office/work information will be provided to the agency/charity receiving my donation.

Signature John W. Smith

Date March, 11, 2019

Payroll cannot process without signature

New	Change	Cancel	Payroll Code	Fund Distribution Agency	\$ Amount Per Pay Period
			9220	Asian Pacific Community Fund *	
✓			9205	Brotherhood Crusade *	2
	✓		9225	Community Health Charities *	5
			9230	EarthShare California *	
			9270	Kathryn Kuba Children's Health Fund, Inc. *	
			9215	LAUSD Employee Sponsored Scholarship Fund	
			9245	The L.A. Trust for Children's Health	
		✓	9250	United Latino Fund *	
			9210	United Negro College Fund	
			9275	United Teachers Educational Foundation	
			9200	United Way of Greater Los Angeles *	

DO NOT DETACH

Section Two: DONOR DESIGNATION

You may designate your payroll deductions to go to any 501(c)(3) nonprofit charitable organization by selecting one of the above starred* Fund Distribution Agencies to process your donation. We will need the name and address of the charity and the name of the FDA to be indicated below. All designations remain in place unless cancelled by donor in writing. Please note all FDA's are required to forward donor designations quarterly.

Amount of payroll deduction \$ 2.00

Name of charity A.C. Green Youth Foundation Phone number 323-846-1649

Address of charity 1234 Cares About Youth Lane, Los Angeles, Ca 90011

Name of Fund Distribution Agency Brotherhood Crusade

Section Three: ONE-TIME GIFTS

You may make a one-time gift to any of the above listed Fund Distribution Agencies by attaching your check made out to LAUSDCCC

One-time Gifts and Acknowledgements

Section Three: ONE TIME GIFTS

You may make a one-time gift to any of the above listed Fund Distribution Agencies by attaching your check made out to LAUSDCCC and indicating your choice of FDA. You may also make a one-time gift to any 501(C)(3) nonprofit charitable organization by selecting one of the above starred* Fund Distribution Agencies to process your donation. Please make your check out to LAUSDCCC and indicate the charity and FDA below. Please indicate the charity in the memo section of your check.

Amount of one-time gift \$ 25.00

Name of charity Wounded Warrior Project Phone number 904-296-7350

Address of charity 4899 Belfort Road, Suite 300, Jacksonville, FL 32256

Name of Fund Distribution Agency EarthShare California

Section Four: ACKNOWLEDGEMENT

To receive an acknowledgement for your donation, please clearly print the information shown below. Your personal information will not be sold or given to any other agency.

Name John W. Smith Email John.smith87@lausd.net

Address 654 Helms Ave Apt 43

City Los Angeles, CA Zip 90043

Daytime phone 323-765-9876 School/Dept. Special Ed

Fund Distribution Agencies do not provide goods or services in return or exchange for their contributions.

12/2012

www.SharingBringsHope.org

4-165-0111

Resources for You

- * Sharing Brings Hope website
 - * sharingbringshope.org
 - * “Calendar” tab
 - * “Charitable Agencies” tab
 - * “Forms” tab
 - * “Speaker Request” link
 - * “Materials Request” link
- * Coordinator’s Training Handbook
- * Sharing Brings Hope South District Liaison: Richard Corral
- * Sharing Brings Hope “Hotline” 1-888-492-4738



How to Make the Ask

- * It starts with you! Be the first to make a gift and then ask others to join you
- * For your students, just make sure all of them have coin envelopes
- * For teachers/faculty/administrators ask everyone, one by one, to give so that everyone has an opportunity to bring hope to LAUSD families. **NOTE:** Most people don't give because they are not asked.
- * Don't just put a payroll card in their mailbox. Talk to them and make it personal.
- * Share a reason why you give
- * Follow up with those who needed time to think about it.
- * In addition, you can ask the charity liaisons to speak at a staff meeting on your behalf to spread the word



Speaker Request Form

- * Schedule via link on sharingbringshope.org
- * Invite participating charities to speak
- * Educate donors on the benefits of giving
- * When requesting organizations, please select a minimum of four charities from the list provided.



Innovative Fund Raising Strategies

- * Bake sales
- * Lunch with the Principal/Teacher
- * Have a Thermometer and Watch it grow!
- * Have a basket/piggy bank in office for people to deposit change to the campaign
- * Any others?



Closing Your Campaign

- * After all contributions have been received
- * Student body and fundraising funds converted to student body check
- * Coordinator's Report Envelope completed
- * Coordinator's envelope turned in to Local District Co-Lead Wendy Cholico by April 12, 2019
- * Can be sent by inter-office mail or dropped off



Coordinator's Envelope

LAUSD Consolidated Charitable Campaign
COORDINATOR'S REPORT ENVELOPE

Deadline: April 12, 2019
Hotline: 888-492-4738



SHARING BRINGS HOPE

www.SharingBringsHope.org



From: Coordinator Name: _____ (optional) Cell Phone: _____ Phone: _____
Name of School / Division: _____ Email: _____
Location Code: _____ ESC: _____ (if applicable)
To: ESC / Division Chair _____
ESC / Division Chair Location _____

Deliver to your Local ESC / Division Chairperson on or before the DEADLINE of April 10:

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			
Community Health Charities of California			
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			
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.

Copies of this envelope can be printed at www.SharingBringsHope.org

LAUSDCCC



Coordinator's Envelope

LAUSD Consolidated Charitable Campaign
COORDINATOR'S REPORT ENVELOPE

Deadline: April 12, 2019
Hotline: 888-492-4738



SHARING BRINGS HOPE

www.SharingBringsHope.org



From: Coordinator Name: Wendy Cholico (optional) Cell Phone: 323-xxx-9753 Phone:
Name of School / Division: Marianna Elem School Email: Marydoe32@lausd.net
Location Code: 0369 ESC: District Central (if applicable)
To: ESC / Division Chair
ESC / Division Chair Location

Deliver to your Local ESC / Division Chairperson on or before the DEADLINE of April 10:

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 on either total amounts donated from Student Body, from Parents, and from Employees.



Coordinator's Envelope

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	327.56		
Asian Pacific Community Fund	21.34		
Brotherhood Crusade	87.64	25.00	
Community Health Charities of California	74.21		
EarthShare California	65.83		
Kathryn Kurka Children's Health Fund, Inc.	32.56		
LAUSD Employee Sponsored Scholarship Fund	18.43		50.00
The L.A. Trust for Children's Health	87.34		
United Latino Fund	43.28		
United Negro College Fund	92.12	50.00	
United Teachers Educational Foundation	62.52		10.00
United Way of Greater Los Angeles	23.14		
	STUDENT BODY CHECKS	PARENT CHECKS	EMPLOYEE CHECKS
TOTALS:	885.97	75.00	60.00

GRAND TOTAL \$ 1,020.97

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

Copies of this envelope can be printed at www.SharingBringsHope.org

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Questions?



Thank You.....
for
Sharing, Caring and Bringing HOPE!

GO District South!

