



We Treat Kids Better

Vacation Donation Form

Yes! I want to support CHLA by making a donation of vacation time.

Employees may donate a minimum of eight hours of accrued vacation time.

I wish to contribute _____ hours of my accrued vacation time.

EMPLOYEE INFORMATION

*Required information

*Legal name: _____

Department: _____

*Extension: _____

Mail stop: _____

*Preferred mailing address: _____

*Signature: _____

*Employee ID # _____

Recognition name: _____

(as you would like it to appear for recognition)

I would like to remain anonymous.

*GIFT DESIGNATION

Area of greatest need

Other: _____

Net asset account # _____

Please return your confidential vacation donation form to: Hillary Freeman at MS #29 or via email at hfreeman@chla.usc.edu.
If you have any questions, please call 323-361-3853.

Thank you for your support!