



Ambassador Remittance Envelope

Campaign Window: October 1 – November 15, 2019

Please complete all information below. Thank you!

Ambassador Name:

Telephone Number:

E-mail:

Department Name:

Division (if applicable):

Address:

City:

Zip:

Total Number of Payroll Deduction Forms Enclosed:

Total Number of One-Time Donation Forms Enclosed:

Total Amount Collected (Cash): \$ _____

Total Amount Collected (Checks): \$ _____

Total Amount Collected ***Cash & Checks***: \$ _____

Please return this envelope with all forms and donations collected to:

The Department on Disability

(Lead City Department)

Attn: Juliana Soto

201 N Figueroa St. #100, Los Angeles, CA 90012

To Mail within City Departments use: **Mail Stop 760**

THIS ENVELOPE IS DUE:

NO LATER THAN November 29, 2019