

REQUEST FOR CONTRIBUTION TO THE ALADS C.A.R.E.S. FOUNDATION

Cops and Relatives Emergency Support

When tragedy strikes a deputy sheriff or district attorney investigator – whether on- or off-duty – it affects all of us. Unfailingly, we come together to the aid of our brothers and sisters in need. To assist with this worthy endeavor, we at ALADS created the ALADS C.A.R.E.S. (Cops and Relatives Emergency Support) Foundation – a 501(c)(3) non-profit corporation that is funded by donations from deputy sheriffs, district attorney investigators, ALADS, and other fund-raising efforts. The ALADS C.A.R.E.S. Foundation gives us the ability to lend prompt support to a deputy or district attorney investigator in an emergency situation. However, the support provided by the ALADS C.A.R.E.S. Foundation does not stop there – it allows us to assist all members of law enforcement in the greater Los Angeles area, as well as their families.

If you are aware of such a situation, we would urge you to report it to the ALADS C.A.R.E.S. Foundation at 323-213-4005. If the request meets certain criteria, the ALADS C.A.R.E.S. Foundation can provide much needed support and funds to an injured law enforcement officer or their family. While we can't prevent every tragedy, the ALADS C.A.R.E.S. Foundation can help to ease the burden on law enforcement and their families when dealing with such tragic situations.

For more information about the ALADS C.A.R.E.S. Foundation, please go to:
<http://www.alads.org/Home/Cares>

To make an automatic monthly donation to the ALADS C.A.R.E.S. Foundation through payroll deduction, please complete the section below and mail original form to: ALADS | 2 Cupania Circle | Monterey Park, CA 91755 or email the signed form to cares@alads.org

Yes! I want to support my fellow Deputy Sheriffs and District Attorney Investigators through the ALADS C.A.R.E.S. Foundation.

By checking the above box, I hereby authorize the auditor of the county of Los Angeles or his agents to deduct monthly from salary earned by me in any department or district of the County of Los Angeles the amount shown hereon and to pay same to the Association for Los Angeles Deputy Sheriffs. I expressly understand and agree that the auditor, his agents, or the county acting under this authorization shall not be liable in any manner for failure or delay in making the deduction or payments here authorized.

County Employee Number _____

Deduction Code: EU109

Name (First, Middle, Last) _____

My contact information matches what is on file with ALADS.

By checking this box, I hereby expressly authorize ALADS to release my contact information to ALADS C.A.R.E.S. Foundation for the handling of all aspects of this charitable donation.

If you believe that your contact information might be out of date, please fill out the following:

Phone _____

Personal E-mail (non-LASD) _____

Street Address _____

City _____

State _____

Zip Code _____

Preferred Contact Method: Phone Email

Monthly Payroll deduction amount (please check one): \$5 \$10 \$20 Other amount \$ _____

Signature*: _____ Date*: _____

Your donation is tax deductible to the extent allowable by law. The ALADS C.A.R.E.S. Foundation 501(c)(3) organization. Tax ID# is 45-3275658