



DONOR RECEIPT

GALAA thanks you for your donation of _____. This money will be used for scholarships for any Los Angeles Unified School District (LAUSD) student who demonstrates a commitment for the advancement and rights of all LGBT persons.

Please fill out the following information. This may be used for your tax purposes.

Date: _____

Tax Identification Number: #20-8477671_____

Name: _____
(First) (Last)

Address: _____

(City) (State) (Zip code)

Signature of Donor: _____ **Date:** _____

Signature of GALAA: _____ **Date:** _____
(Board Member)

Donations can be mailed to GALAA, 3510 Garden Grove, Los Angeles CA 90039