

| e undersigned donor hereby agrees to donate to the | e Mayor's Ball the following d | lescribed prop | erty or services |
|--|--------------------------------|------------------|------------------|
| onation Description: | | | |
| onor Estimated Value: \$ | | | |
| onor Contact: | Donor Signa | Donor Signature: | |
| address: | City: | State: | Zip Code: |
| Email: | Phone: | | |
| Exact Wording of Donor's name for recognition: | | | |
| | | | |
| Secured by: | | Items | due by Octol |

This form confirms that you received no goods or services from the Homeless Coalition of Palm Beach County in return for your donation. Your contribution is tax deductible. The Coalition's Federal Employer Identification Number is 65-0125852. There are no paid solicitors and 100% of each contribution is received by the Coalition for its general non-profit purposes, which is to end homelessness in Palm Beach County.

On behalf of The Homeless Coalition of Palm Beach County, we would like to thank you for your generosity and interest in our organization!

To schedule an item to be picked up: Please call the Homeless Coalition at (561) 355-4663

or mail to: 810 Datura Street, West Palm Beach, FL 33401

The Homeless Coalition of Palm Beach County, Inc. is a 501(c) 3 tax exempt organization.

A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll free (800) 435-7352 within the state. Registration does not imply endorsement or recommendation by the state. Registration Number CH8175.