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| WNY Coalition for the HomelessPO Box 618Buffalo, NY 14205 |  |
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| To: |  |

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| Please make checks payable to: WNY Coalition for the homeless |
| DESCRIPTION | TOTAL |
| Annual Agency Membership: 4/1/2016-3/31/2017 | 50.00 |
| Additional donation |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

Make all checks payable to WNY Coalition for the Homeless.

If you have any questions concerning this invoice, contact Kelly Dodd, kdodd@211wny.org or 716-842-2608.

Thank you for your Membership & support!