

WNY Coalition for the Homeless
1170 Main Street
Buffalo, NY 14209



Annual Membership Drive

AGENCY NAME:

Contact Name:
Contact Number:
Contact Email:

| MEMBERSHIP LEVEL | | TOTAL |
|--|----------|--------------|
| Annual Agency Membership: 4/1/2019-3/31/2020 | \$ 50.00 | |
| Individual Membership: 4/1/2019-3/31/2020 | \$ 15.00 | |
| Additional donation | | |
| | | |
| Total | | |

Make all checks payable to WNY Coalition for the Homeless. Note our new mailing address.

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

THANK YOU FOR YOUR MEMBERSHIP & SUPPORT!