

WNY Coalition for the Homeless

P.O. Box 618
Ellicott Station
Buffalo, NY 14205



Bill To:

DATE: March 11, 2015
FOR: *Annual Membership*
DUE: April 1, 2015

DESCRIPTION	AMOUNT
Annual Agency Membership 4/1/15-3/31/16	\$ 25.00
If your agency's contact information has changed, please include with your payment.	
TOTAL	\$ 25.00

Please make checks payable to **WNY Coalition for the Homeless.**

THANK YOU!