

DONATION REQUEST/RECEIPT

Date: October 17, 2023

From: Name: Dave Worlow c/o The Michael and Sarah Worlow Neri Trust

Address: _____

Phone: _____

<p>Donation: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Gift Card <input type="checkbox"/> Goods/Service</p>	<p>Fair Market Value*</p>
<p>Item: Donation from the family trust of a former California Children's Services client.</p> <p>Restrictions on Use (optional):</p>	<p>AS STATED BY DONOR</p> <p><u>\$ 137,000</u></p>

*Fair Market Values are **not** provided by Health and Human Services Agency. Donations over \$5,000 require 6-8 weeks for Board of Supervisor Approval.

William David Worlow
William David Worlow (Oct 17, 2023 16:47 PDT)

 Signature of Donor

Oct 17, 2023

 Date

Sabina Keller

 HHS A Employee and Program

Oct 18, 2023

 Date

Maureen Virgil, MAS, BSN, RN, PHN

 HHS A Program Manager Approval

Oct 18, 2023

 Date

<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Restricted or value between \$1,500 - \$5,000:	
_____ Director Approval	_____ Date
Value over \$5,000:	
_____ Board Approval Item Number	_____ Date

Tax ID #94-6000511

Donation is tax deductible to the extent allowable by law.