

DONATION REQUEST/RECEIPT

Date: June 20, 2024

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

Address: 2195 Bensley St., Henderson, NV 89044

Phone: (760) 861-1900

Donation: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Gift Card <input type="checkbox"/> Goods/Service	Fair Market Value*
Item: Donation from the family trust of a former California Children's Services client.	AS STATED BY DONOR
Restrictions on Use (optional): FOR CHILDREN'S SERVICES ONLY.	\$ <u>9,400</u>

*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.

WD Worlow, TRUSTEE
Signature of Donor

6-20-2024
Date

Sabrina
HHSA Employee and Program

6/20/2024
Date

Maurer
HHSA Program Manager Approval

6/20/2024
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.