Date: Sept. 9, 2021

DONATION REQUEST/RECEIPT

From: Name: Dave & Cheryl Duffield Foundation		
	Address: 321 Ski Way, Suite 102, Incline Villag	e, NV 89451
	Phone: 775-461-2707	
Donation: □Cash ■Check □Gift Card □Goods/Service		Fair Market Value*
Item:		AS STATED BY DONOR
		\$ <u>10,000</u>
Restricti	ons on Use (optional):	
to sup	nt in \$10,000 to El Dorado County Animal Services port the ongoing animal rescue, rehabilitation, and nent efforts.	
*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.		
Nancy	Willis Digitally signed by Nancy Willis Date: 2021.09.09 17:45:43 -07'00'	
Signature of Donor		Date
Kathryn Deffebach for Animal Servics Program		September 10, 2021
HHSA Employee and Program		Date
Henry Brazinski (Oct 5, 2021 16:09 PDT)		10/05/2021
HHSA Prog	gram Manager Approval	Date
Don Semon (Oct 5, 2	Director	10/05/2021
☐ Approve	ed Rejected	
Restricted or	value between \$1,500 - \$5,000:	
Director Appro	oval	Date
Value over \$5 21-1613	,000:	11/9/2021
Board Approv	al Item Number	Date

Tax ID #94-6000511

KD