



# City of Chicago



Or2017-116

Office of the City Clerk

## Document Tracking Sheet

**Meeting Date:** 3/29/2017

**Sponsor(s):** Burke (14)

**Type:** Order

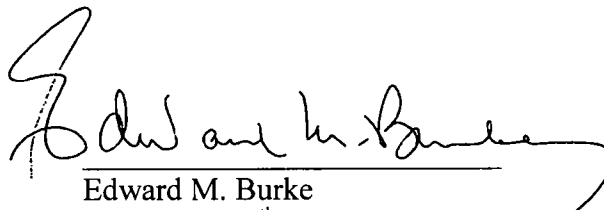
**Title:** Tag day permit(s) for Alzheimer's Assn.-Greater Illinois Chapter; Chicago Firemen's Post 667-American Legion; Doctors without Border/Medecins Sans Frontieres; Misericordia Heart of Mercy Center; Planned Parenthood of America; Polish Legion of American Veterans; and Salvation Army Metropolitan Div., The

**Committee(s) Assignment:** Committee on Finance

Ordered, that the Committee on Finance is hereby authorized and directed to issue Charitable Solicitation (Tag Day) Permits to the following organizations

- A. Alzheimer's Association – Greater Illinois Chapter  
June 2 – 3 and 9 – 10, 2017  
Citywide
- B. Chicago Firemen's Post 667 – American Legion  
May 24, 25 & 26, 2017  
Citywide
- C. Doctors without Borders/Medecins Sans Frontieres  
May 21 thru September 2, 2017  
Citywide
- D. Misericordia Heart of Mercy Center  
May 6, 7 & 8, 2017  
Citywide
- E. Planned Parenthood of America  
March 31 thru April 30, 2017  
Citywide
- F. Polish Legion of American Veterans  
May 17 thru 20, 2017  
Citywide
- G. The Salvation Army Metropolitan Division  
November 1 thru December 23, 2017  
Citywide
- H. The Salvation Army Metropolitan Division  
June 2 and 3, 2017  
Citywide

This Order shall take effect and be in force from and after its passage.

  
Edward M. Burke  
Alderman, 14<sup>th</sup> Ward

8

**CHICAGO** March 29, 2017

**To the President and Members of the City Council:**

**Your Committee on Finance having had under consideration**

One (1) order authorizing eight (8) applications for City of Chicago Charitable Solicitation (Tag Day) permits.

- A. Alzheimer's Association – Greater Illinois Chapter  
June 2 – 3 and 9 – 10, 2017  
Citywide
- B. Chicago Firemen's Post 667 – American Legion  
May 24, 25 & 26, 2017  
Citywide
- C. Doctors without Borders/Medecins Sans Frontieres  
May 21 thru September 2, 2017  
Citywide
- D. Misericordia Heart of Mercy Center  
May 6, 7 & 8, 2017  
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- E. Planned Parenthood of America  
March 31 thru April 30, 2017  
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May 17 thru 20, 2017  
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- G. The Salvation Army Metropolitan Division  
November 1 thru December 23, 2017  
Citywide
- H. The Salvation Army Metropolitan Division  
June 2 and 3, 2017  
Citywide

Having had the same under advisement, begs leave to report and recommend that your Honorable Body pass the proposed Order Transmitted Herewith.

This recommendation was concurred in by \_\_\_\_\_ (a viva voce vote) of members of the committee with \_\_\_\_\_ dissenting vote(s)

Respectfully submitted

(signed) *J. Andrew McBaney*

Chairman

**COMMITTEE ON FINANCE CHARITABLE SOLICITATION  
TAG DAY REQUEST FORM AND ROUTE SHEET**

|   |  |  |  |
|---|--|--|--|
| <b>PERMIT NUMBER:</b>                                   | 2017-09  |  |  |
| <b>GROUP NAME:</b>                                      | Alzheimer's Association                                |  |  |
| <b>ADDRESS:</b>   | 8430 W. Bryn Mawr Avenue, Suite 800, Chicago, IL 60631 |  |  |
| <b>TELEPHONE NUMBER:</b>                                | 847-779-6952   |  |  |
| <b>CONTACT PERSON:</b>                                  |  |  |  |
| <b>DATE WRITTEN REQUEST WAS RECEIVED:</b>               | February 17, 2017                                      |  |  |
| <b>SOLICITATION DATE:</b>                               | June 2 - 3 and 9 - 10, 2017                            |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| <b>CITY COUNCIL DATE:</b>                               | March 29, 2017   |  |  |
| <b>COMPLETION OF FILE DATE:</b>                         |  |  |  |
| <b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b> |  |  |  |
| <b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>     | March 29, 2017   |  |  |
| <b>VIOLATION (S)</b>                                    |  |  |  |
| <b>COMMITTEE LETTER SENT:</b>                           |  |  |  |
| <b>COMPLY RECEIVED:</b>                                 |  |  |  |
| <b>COMMENTS:</b>  |  |  |  |
|   |  |  |  |

# CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT



BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

**NAME OF ORGANIZATION:** Alzheimer's Association

**ADDRESS OF ORGANIZATION:** 8430 W. Bryn Mawr Avenue, Suite 800  
Chicago, IL 60631

**DATE(S) OF SOLICITATION:** June 2 - 3 and 9 - 10, 2017

**PLACE(S) OF SOLICITATION:** Citywide

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.

A handwritten signature in black ink, appearing to read "Edward M. Burke".

Edward M. Burke  
Chairman  
Committee on Finance

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

COMMITTEE ON FINANCE

(Please neatly print or type. In necessary in answering any question, please attach additional sheets.)

1. **Name of organization:** Alzheimer's Association - Greater Illinois Chapter  
**Address:** 8430 W. Bryn Mawr Avenue, Ste 800, Chicago, Illinois 60631  
**Telephone Number:** 847-933-2413
2. **Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:**  
Erna Colborn - President & CEO  
Kathleen Bretl - Senior Director, Finance & Administration  
Sari Eilon - Specialist External Relationships (TAG DAY CONTACT)  
847-779-6952 (office); seilon@alz.org  
8430 W. Bryn Mawr Avenue, Ste 800, Chicago, Illinois 60631
3. **List the date and approximate location(s) of solicitation:**  
Dates: June 2 & 3, 2017/ June 9 & 10, 2017 Locations: City-wide
4. **Approximately how many persons will be engaged in the solicitation?**  
Between 150 - 200 people
5. **Explain the methods your organization will use to solicit funds:**  
Alzheimer's Association volunteers will collect donations in busy areas using Association collection cans. Volunteers will give flower seeds to those who donate as a "thank you".

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6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**  
Yes - The Alzheimer's Association has been soliciting funds since 1987.
7. **Include the following with your application:**
  - A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois. ✓
  - B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation. ✓
8. **Please include any other relevant information which would assist the Committee on Finance in reviewing this application.**  
This solicitation event is part of the Association nation-wide annual Bankers Life Tag Day event.

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATE THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

I/WE, THE OFFICER(S) OF THE ABOVE NAMED ORGANIZATION, CERTIFY THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION MUST SIGN AND VERIFY THIS APPLICATION.)

Signature Sami Lin Title Specialist External Relationship Date 2/1/17

Signature Steve Schey Title V.P. Corporate Engagement Date 2/1/17

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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HOLD HARMLESS AGREEMENT

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Alzheimer's Association, Greater Illinois Chapter  
Name of organization

Sami Ci  
Signature of organization officer

2/1/17  
Date



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

January 24, 2017

ALZHEIMER'S DISEASE AND  
RELATED DISORDERS ASSOCIATION,  
GREATER ILLINOIS CHAPTER  
8430 W. BRYN MAWR  
SUITE 800  
CHICAGO, IL 60631

**Lisa Madigan**  
ATTORNEY GENERAL

RE: RE: Status of ALZHEIMER'S DISEASE AND RELATED DISORDERS  
~~ASSOCIATION, GREATER ILLINOIS CHAPTER~~ under the Illinois Charitable Laws  
CO#

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, GREATER ILLINOIS CHAPTER under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO#  is current in the filing of its financial reports, having filed its report for the period ended June 30, 2016. Please let us know if you require further information.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Ceretha Jackson". The signature is written over a horizontal line.

Ceretha Jackson, Compliance Officer  
Charitable Trusts Bureau  
100 West Randolph Street, 11th Floor  
Chicago, Illinois 60601  
Telephone: (312) 814-2595

1 February 2017

Chicago Committee on Finance  
121 N. La Salle St. #302  
Chicago, IL 60602

*Re: Charitable Solicitation Permit*

To Whom It May Concern;

On **June 2<sup>nd</sup>, 3<sup>rd</sup>, 9<sup>th</sup> & 10<sup>th</sup>, 2017** the Alzheimer's Association, Greater Illinois Chapter and Bankers Life and Casualty Company will hold our annual Forget Me Not Days® fundraiser to benefit Alzheimer's Association chapters nationwide. We count on the support of local communities to aid in our achieving our mission to eliminate Alzheimer's disease. We are working toward a world without Alzheimer's day in and day out, through the advancement of research; the provision and enhancement of care and support for all affected; and the reduction of the risk of dementia through the promotion of brain health.

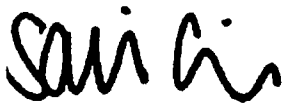
During this event, Alzheimer's Association volunteers and their families and friends will collect donations at several locations throughout the 68 counties we serve in Illinois. We would like to request permission for our volunteers to collect contributions in the public way in the city of Chicago. Volunteers will be easily distinguished in green aprons with official Forget Me Not Days collection canisters. In exchange for contributions, our volunteers will hand out packets of Forget-Me-Not flower seeds. The Alzheimer's Association - Greater Illinois Chapter, a 501(c)(3) charitable organization, receives **100 percent** of the money collected by our volunteers.

More than 5 million Americans have Alzheimer's disease—including many of our own neighbors. Alzheimer's is the sixth leading cause of death in the United States, and the only one on the list of "Top 10" that cannot be prevented, slowed, or cured. As discouraging as that sounds, it does not take away the significant strides we have made so far in the battle. In fact, it only serves to inspire and motivate us even more, and we truly hope that you will join us in this feat. Forget Me Not Days will raise community awareness for this debilitating disease, and will contribute to the Alzheimer's Association's research, care and support efforts in Greater Illinois.

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Thank you in advance for your consideration of our request. Please contact me at 847-779-6952 or [seilon@alz.org](mailto:seilon@alz.org) with any questions or concerns. We look forward to continuing this partnership with the City of Chicago.

Sincerely,



Sari Eilon  
Specialist, External Relationships

**Greater Illinois Chapter**

**Bloomington**

207 S. Prospect Road, Ste. 1, Bloomington, IL 61704  
309 662 8392 p      309 664 0495 f  
217 351 1726 p (Champaign)

**Joliet**

850 Essington Road, Ste. 200, Joliet, IL 60435  
815 744 0804 p      815 773 7340 f

**Carbondale**

320 E. Walnut Street, Ste. A, Carbondale, IL 62901  
618 985 1095 p      618 549 2362 f

**Rockford**

1111 S. Alpine Road, Ste. 307, Rockford, IL 61108  
815 484 1300 p      815 484 9286 f

**Chicago**

8430 W. Bryn Mawr, Ste. 800, Chicago, IL 60631  
847 933 2413 p      773 444 0930 f

**Springfield**

2309 W. White Oaks Drive, Ste. E, Springfield, IL 62704  
217 726 5184 p      217 726 5185 f

**COMMITTEE ON FINANCE CHARITABLE SOLICITATION  
TAG DAY REQUEST FORM AND ROUTE SHEET**

|   |  |  |  |
|---|--|--|--|
| <b>PERMIT NUMBER:</b>                                   | 2017-13                                      |  |  |
| <b>GROUP NAME:</b>                                      | Chicago Firemen's Post 667 American Legion   |  |  |
| <b>ADDRESS:</b>   | 3647 N. Tripp Avenue, Chicago, IL 60641-3038 |  |  |
| <b>TELEPHONE NUMBER:</b>                                | 773-283-4305                                 |  |  |
| <b>CONTACT PERSON:</b>                                  |  |  |  |
| <b>DATE WRITTEN REQUEST WAS RECEIVED:</b>               | March 14, 2017                               |  |  |
| <b>SOLICITATION DATE:</b>                               | May 24 - 26, 2017                            |  |  |
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|   |  |  |  |
|   |  |  |  |
| <b>CITY COUNCIL DATE:</b>                               | March 29, 2017                               |  |  |
| <b>COMPLETION OF FILE DATE:</b>                         |  |  |  |
| <b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b> |  |  |  |
| <b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>     | March 29, 2017                               |  |  |
| <b>VIOLATION (S)</b>                                    |  |  |  |
| <b>COMMITTEE LETTER SENT:</b>                           |  |  |  |
| <b>COMPLY RECEIVED:</b>                                 |  |  |  |
| <b>COMMENTS:</b>  |  |  |  |

# CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT



BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

**NAME OF ORGANIZATION:** Chicago Firemen's Post 667 American Legion

**ADDRESS OF ORGANIZATION:** 3647 N. Tripp Avenue,  
Chicago, IL 60641-3038

**DATE(S) OF SOLICITATION:** May 24 - 26, 2017

**PLACE(S) OF SOLICITATION:** Citywide

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.

Edward M. Burke  
Chairman  
Committee on Finance

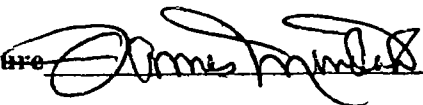
**APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT**

(Please neatly print or type. In necessary in answering any question, please attach additional sheets.)

1. **Name of organization:** CHICAGO FIREMEN'S POST 667  
AMERICAN LEGION  
**Address:** 3647 N. TRIPP AVE.  
CHICAGO, IL. 60641-3038  
**Telephone Number:** 773-283-4305
2. **Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:**  
JAMES MINDAK  
POST ADJUTANT/FINANCE OFFICER  
E.  
CHICAGO, IL. 60641-3038  
ELL)
3. **List the date and approximate location(s) of solicitation:**  
MAY 24, 25, 26, 2017      VARIOUS LOCATIONS IN CITY  
DOWNTOWN, NORTHSIDE, SOUTHSIDE, ETC.
4. **Approximately how many persons will be engaged in the solicitation?**  
UNKNOWN AT THIS TIME.    DEPENDS ON VOLUNTEERS WHO WANT TO HELP
5. **Explain the methods your organization will use to solicit funds:**  
POST IS ENGAGED IN THE SELLING OF "POPPY'S" TO THE PUBLIC  
TO HELP VETERANS IN THE AREA VA HOSPITALS AND ALSO THE VA  
HOME IN MANTENO, IL.
6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**  
MAY 25-27, 2016    PERMIT NO. 2016-12
7. **Include the following with your application:**
  - A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
  - B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.
8. **Please include any other relevant information which would assist the Committee on Finance in reviewing this application.**  
  
THE POST ALSO USES FUNDS GENERATED FROM THE SELLING OF  
POPPY'S TO AID OTHER VETERAN ORGANIZATIONS IN ASSISTING  
VETERANS.

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATE THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

I/WE, THE OFFICER(S) OF THE ABOVE NAMED ORGANIZATION, CERTIFY THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION MUST SIGN AND VERIFY THIS APPLICATION.)

Signature  Title ADJ/FINANCE OFF. Date 8 MAR. 2017

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

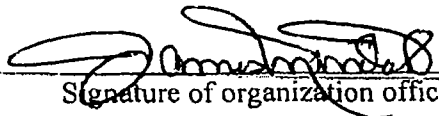
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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**HOLD HARMLESS AGREEMENT**

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.
  
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
  
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

CHICAGO FIREMEN'S POST 667  
Name of organization

 ADJUTANT/FINANCE OFFICER  
Signature of organization officer

8 MAR. 2017  
Date





OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

March 2, 2017

CHICAGO FIREMEN'S LEGION POST  
667  
3647 N. TRIPP AVE.  
CHICAGO, IL 60641-3038

**Lisa Madigan**  
ATTORNEY GENERAL

RE: RE: Status of CHICAGO FIREMEN'S LEGION POST 667 under the Illinois Charitable  
Laws  
CO# [REDACTED]

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of  
CHICAGO FIREMEN'S LEGION POST 667 under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and  
Solicitations Bureau as CO# [REDACTED]. It is current in the filing of its financial reports, having  
filed its report for the period ended December 31, 2016. Please let us know if you require  
further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Ceretha", is written over a horizontal line. The signature is stylized and includes a large loop.

Ceretha Jackson, Compliance Officer  
Charitable Trusts Bureau  
100 West Randolph Street, 11th Floor  
Chicago, Illinois 60601  
Telephone: (312) 814-2595

**COMMITTEE ON FINANCE CHARITABLE SOLICITATION  
TAG DAY REQUEST FORM AND ROUTE SHEET**

|   |  |  |  |
|---|--|--|--|
| <b>PERMIT NUMBER:</b>                                   | 2017-12  |  |  |
| <b>GROUP NAME:</b>                                      | Doctors Without Borders/Medecins Sans Frontieres (MSF) |  |  |
| <b>ADDRESS:</b>   | 333 7th Avenue, Floor 2, New York, NY 10001            |  |  |
| <b>TELEPHONE NUMBER:</b>                                | 212-679-6800   |  |  |
| <b>CONTACT PERSON:</b>                                  |  |  |  |
| <b>DATE WRITTEN REQUEST WAS RECEIVED:</b>               | March 10, 2017   |  |  |
| <b>SOLICITATION DATE:</b>                               | May 21 thru September 2, 2017                          |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| <b>CITY COUNCIL DATE:</b>                               | March 29, 2017   |  |  |
| <b>COMPLETION OF FILE DATE:</b>                         |  |  |  |
| <b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b> |  |  |  |
| <b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>     | March 29, 2017   |  |  |
| <b>VIOLATION (S)</b>                                    |  |  |  |
| <b>COMMITTEE LETTER SENT:</b>                           |  |  |  |
| <b>COMPLY RECEIVED:</b>                                 |  |  |  |
| <b>COMMENTS:</b>  |  |  |  |

# CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT



BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

**NAME OF ORGANIZATION:** Doctors Without Borders/Medecins Sans Frontieres (MSF)

**ADDRESS OF ORGANIZATION:** 333 7<sup>th</sup> Avenue, Floor 2  
New York, NY 10001

**DATE(S) OF SOLICITATION:** May 21 thru September 2, 2017

**PLACE(S) OF SOLICITATION:** Citywide

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.

A handwritten signature in black ink, appearing to read "Edward M. Burke".

Edward M. Burke  
Chairman  
Committee on Finance

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

(Please neatly print or type. If necessary in answering any question, please attach other sheets.)

1. **Name of organization:** Doctors Without Borders/Medecins Sans Frontieres (MSF)

**Address:** 333 7th Ave, Floor 2, New York, NY 10001

**Telephone Number:** (212) 679-6800

2. **Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:**

Jason Cone, Executive Director, (212) 679-6800

Thomas Kurmann, Director of Development, (212) 679-6800

Andreu Maldonado, Director of Finance, (212) 679-6800

3. **List the date and approximate location(s) of solicitation?**

May 21, 2017 - September 2, 2017 in the following approximate locations:  
The Loop, Wicker Park, Andersonville, near South Side, Logan Square, the Magnificent Mile and Oak Park.

4. **Approximately how many persons will be engaged in the solicitation?**

Team will consist of anywhere from 6 to 20 people.

5. **Explain the methods your organization will use to solicit funds:**

Street canvassing - our team will engage in conversation with people who choose to stop and speak with us about Doctors Without Borders' medical humanitarian work in more than 70 countries, and how they can help.

6. **Was your organization ever allowed to solicit funds in prior years in the City of Chicago? If so, when?**

Yes, in 2010, 2015, and currently (January 14, 2016 to present).

7. **Include the following with your application:**

A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.

B. A facsimile of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.

8. **Please include any other relevant information which would assist the Committee on Finance in reviewing this application.**

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATER THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

I/WE, OFFICER(S) OF THE ABOVE NAMED ORGANIZATION, CERTIFY THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION MUST SIGN AND VERIFY THIS APPLICATION.)

Signature  Title Director of Marketing Date 3/10/2017

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

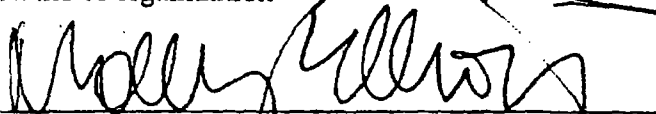
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HOLD HARMLESS AGREEMENT

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Doctors Without Borders/Médecins Sans Frontières (MSF)

\_\_\_\_\_  
Name of organization

  
\_\_\_\_\_  
Signature of organization officer

3/10/2017  
\_\_\_\_\_

Date



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

September 9, 2015

MEDECINS SANS FRONTIERES USA, INC.  
D/B/A DOCTORS WITHOUT BORDERS  
333 7TH AVE 2ND FL  
NEW YORK, NY 10001

Lisa Madigan  
ATTORNEY GENERAL

RE: RE: Status of MEDECINS SANS FRONTIERES USA, INC. D/B/A DOCTORS  
WITHOUT BORDERS under the Illinois Charitable Laws

CO#

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of MEDECINS SANS FRONTIERES USA, INC. D/B/A DOCTORS WITHOUT BORDERS under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO:  is current in the filing of its financial reports, having filed its report for the period ended December 31, 2014. Please let us know if you require further information.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Martin Barnes", written over a horizontal line.

Takiyah Martin Barnes, Compliance Officer  
Charitable Trusts Bureau  
100 West Randolph Street, 11th Floor  
Chicago, Illinois 60601  
Telephone: (312) 814-2595

**COMMITTEE ON FINANCE CHARITABLE SOLICITATION  
TAG DAY REQUEST FORM AND ROUTE SHEET**

|   |  |  |  |
|---|--|--|--|
| <b>PERMIT NUMBER:</b>                                   | 2017-10                                  |  |  |
| <b>GROUP NAME:</b>                                      | Misericordia Heart of Mercy Center       |  |  |
| <b>ADDRESS:</b>   | 6300 North Ridge, Chicago, IL 60660-1017 |  |  |
| <b>TELEPHONE NUMBER:</b>                                | 773-273-4163                             |  |  |
| <b>CONTACT PERSON:</b>                                  |  |  |  |
| <b>DATE WRITTEN REQUEST WAS RECEIVED:</b>               | March 3, 2017                            |  |  |
| <b>SOLICITATION DATE:</b>                               | May 5, 6, and 7, 2017                    |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| <b>CITY COUNCIL DATE:</b>                               | March 29, 2017                           |  |  |
| <b>COMPLETION OF FILE DATE:</b>                         |  |  |  |
| <b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b> |  |  |  |
| <b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>     | March 29, 2017                           |  |  |
| <b>VIOLATION (S)</b>                                    |  |  |  |
| <b>COMMITTEE LETTER SENT:</b>                           |  |  |  |
| <b>COMPLY RECEIVED:</b>                                 |  |  |  |
| <b>COMMENTS:</b>  |  |  |  |



# CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT



BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

**NAME OF ORGANIZATION:** Misericordia Heart of Mercy Center

**ADDRESS OF ORGANIZATION:** 6300 North Ridge  
Chicago, IL 60660-1017

**DATE(S) OF SOLICITATION:** May 5, 6, and 7, 2017

**PLACE(S) OF SOLICITATION:** Citywide

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.

Edward M. Burke  
Chairman  
Committee on Finance

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

(Please neatly print or type. In necessary in answering any question, please attach additional sheets.)

1. Name of organization:

*Misericordia Home*

*6300 North Ridge*

*Chicago, IL 60660*

*Tel. 773-973-6300*

2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:

Please see attached list/*Board of Directors*

3. List the date and approximate location(s) of solicitation:

*May 5, 6, 7*

4. Approximately how many persons will be engaged in the solicitation?

*We expect approximately 200 volunteers to collect on those dates.*

5. Explain the methods your organization will use to solicit funds:

---

*Our volunteers will stand at the corners and surrounding streets near Wrigley Field, soliciting donations and passing out bags of Jelly Belly candy and a tag (sample attached) explaining Misericordia and its mission. Typical donations are coins and dollar bills.*

6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?

*Yes, Misericordia has been conducting Candy Days in the city of Chicago since 1987.*

7. Include the following with your application:

- A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
- B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.

8. Please include any other relevant information which would assist the Committee on Finance in reviewing this application.

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATE THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

I/WE, THE OFFICER(S) OF THE ABOVE NAMED ORGANIZATION, CERTIFY THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION MUST SIGN AND VERIFY THIS APPLICATION.)

Signature Sister Rosemary Connelly Title Executive Director Date 2/28/17

Signature Rw John P. ... Title Corporate Secretary Date 2/28/17

**HOLD HARMLESS AGREEMENT**

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Misericordia Home

Name of organization

*Sister Rosemary Connelly*

Signature of organization officer

DATE: 2/28/2017

---



## MISERICORDIA'S BOARD OF DIRECTORS

### President

Monsignor Michael Boland  
The Catholic Charities  
721 N. LaSalle St.  
Chicago, IL 60625  
Phone: 312-655-7460  
312-655-7171 (Lana)  
*Appointed in 1996*

### Treasurer & General Manager

Sister Rosemary Connelly, RSM  
Misericordia  
6300 North Ridge Avenue  
Chicago, IL 60660  
Phone: 773-273-4179  
*Appointed in 1970*

### Director

Mrs. Margaret Houlihan Smith  
United  
233 S. Wacker Drive, 10<sup>th</sup> Floor  
Chicago, IL 60606  
Margaret.houlihansmith@united.com  
Phone: [redacted]  
Cell: 312-[redacted]  
*Appointed in 2014*

### Director

Mr. Robert Soudan  
Lock Up Development  
800 Frontage Road  
Northfield, IL 60093  
bobs@thelockup.com  
[redacted]  
*Appointed in 2007*

### Director

Father Jack Clair, *acting secretary*  
Misericordia  
6300 North Ridge  
Chicago, IL 60660  
Phone: 773-273-4165  
frjack@misericordia.com  
*appointed in 2014*

### Director

Mr. John L. Dyer  
Peter Shannon & Co.  
6412 Joliet Rd., Ste. 1  
La Grange Highlands, IL 60525-4662  
Phone: [redacted] ell  
*Appointed in 2005*

### Director

Mr. Rob Figliulo  
SPR, Inc.  
233 S. Wacker Dr., Ste. 3330  
Chicago, IL 60606  
Cell: [redacted]  
*Appointed in 2005*

### Director

Dr. Philip R. O'Connor  
1318 W. George St.  
Chicago, IL 60657  
Phone: [redacted]  
Phil.oconnor@proactive-strategies.net  
*Appointed in 2015*

### Director

Mr. Dan Walsh  
1130 N. Lake Shore Drive  
Chicago, IL 60611  
[redacted]  
dwalsh@walshgroup.com  
*Appointed in 2015*



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

October 14, 2015

MISERICORDIA HOME  
6300 N. RIDGE ROAD  
CHICAGO, IL 60660

**Lisa Madigan**  
ATTORNEY GENERAL

RE: RE: Status of MISERICORDIA HOME under the Illinois Charitable Laws CO# 01040984

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of MISERICORDIA HOME under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01040984, and has been granted single religious exemption from filing annual financial reports with our office. Please let us know if you require further information.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Martin Barnes".

Takiyah Martin Barnes, Compliance Officer  
Charitable Trusts Bureau  
100 West Randolph Street, 11th Floor  
Chicago, Illinois 60601  
Telephone: (312) 814-2595



MISERICORDIA

Heart of Mercy  
Center

6300 North Ridge • Chicago, IL 60660-1017 • 773-973-6300 • fax 773-973-5214

[www.misericordia.org](http://www.misericordia.org)

February 28, 2017

Michelle Murphy

Committee on Finance

City of Chicago – Room 302

121 North LaSalle St.

Chicago, IL 60602

Dear Michelle:

Enclosed is the completed 'Application for the City of Chicago Charitable Solicitation Permit'. We hope to collect donations near Wrigley Field on Friday, Saturday and Sunday, May 5, 6, and 7. We truly appreciate the many opportunities we have had to conduct this tag days fundraiser in the past.

Also enclosed is the check for the \$20 application fee.

If there are further requirements or questions, please contact me at 773-273-4163, or [tloftus@misericordia.com](mailto:tloftus@misericordia.com). Thank you very much for your assistance.

Sincerely,

Therese Loftus

Development Manager

Enclosures

**COMMITTEE ON FINANCE CHARITABLE SOLICITATION  
TAG DAY REQUEST FORM AND ROUTE SHEET**

|   |  |
|---|--|
| <b>PERMIT NUMBER:</b>                                   | 2017-11  |
| <b>GROUP NAME:</b>                                      | Planned Parenthood Federation of America                       |
| <b>ADDRESS:</b>   | 123 William Street, 10 <sup>th</sup> floor, New York, NY 10038 |
| <b>TELEPHONE NUMBER:</b>                                | 212-541-7800   |
| <b>CONTACT PERSON:</b>                                  |  |
| <b>DATE WRITTEN REQUEST WAS RECEIVED:</b>               | March 10, 2017   |
| <b>SOLICITATION DATE:</b>                               | March 31 thru April 30, 2017                                   |
|   |  |
|   |  |
|   |  |
| <b>CITY COUNCIL DATE:</b>                               | March 29, 2017   |
| <b>COMPLETION OF FILE DATE:</b>                         |  |
| <b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b> |  |
| <b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>     | March 29, 2017   |
| <b>VIOLATION (S)</b>                                    |  |
| <b>COMMITTEE LETTER SENT:</b>                           |  |
| <b>COMPLY RECEIVED:</b>                                 |  |
|   |  |
| <b>COMMENTS:</b>  |  |



# CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT



BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

**NAME OF ORGANIZATION:** Planned Parenthood Federation of America

**ADDRESS OF ORGANIZATION:** 123 William Street, 10<sup>th</sup> Floor  
New York, NY 10038

**DATE(S) OF SOLICITATION:** March 31 thru April 30, 2017

**PLACE(S) OF SOLICITATION:** Citywide

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.

Edward M. Burke  
Chairman  
Committee on Finance

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

(Please neatly print or type. In necessary in answering any question, please attach additional sheets.)

1. **Name of organization:** Planned Parenthood Federation of America  
**Address:** 123 William Street, 10th Floor, NY, NY 10038  
**Telephone Number:** 212-541-7800
  
2. **Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:**

|   |   |
|---|---|
| Cecile Richards, President:<br>123 William Street, 10th Floor<br>New York, NY 10038<br>212-541-7800 | Jethro Miller, Chief Development Officer:<br>123 William Street, 10th Floor<br>New York, NY 10038<br>212-541-7800 |
|---|---|
  
3. **List the date and approximate location(s) of solicitation:**  
3/3/17 - 4/30/17; The Loop, Wicker Park, Andersonville, Near Southside, Logan Square, Magnificent Mile, and Oak Park
  
4. **Approximately how many persons will be engaged in the solicitation?**  
Between 6 and 30
  
5. **Explain the methods your organization will use to solicit funds:**  
Planned Parenthood Federation of America has hired Grassroots Campaigns, Inc. to canvass in the city of Chicago.
  
6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**

|  |             |  |
|--|-------------|--|
| <del>2017 (January 16, 2017 - March 4, 2017)</del> | <b>Yes:</b> | 2016 (Sept 16, 2016 - January 15, 2017)<br>2016 (May 1, 2016 - August 31, 2016)<br>2016 (January 14, 2016 - April 30, 2016)<br>2015 (October 17, 2015 - December 31, 2015) |
|--|-------------|--|
  
7. **Include the following with your application:**
  - A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
  - B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.  
No tag or emblem will be distributed
  
8. **Please include any other relevant information which would assist the Committee on Finance in reviewing this application.**

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATER THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

I/WE, THE OFFICER(S) OF THE ABOVE NAMED ORGANIZATION, CERTIFY THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION MUST SIGN AND VERIFY THIS APPLICATION.)

Signature *A. S. S.* Title DEPUTY CFO Date 3/10/2017

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_


Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

---

HOLD HARMLESS AGREEMENT

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.
  
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
  
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Planned Parenthood Federation of America  
Name of organization

  
\_\_\_\_\_  
Signature of organization officer

2/10/2017  
\_\_\_\_\_  
Date



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

March 10, 2017

PLANNED PARENTHOOD  
FEDERATION OF AMERICA, INC.  
123 WILLIAM STREET, 10TH FLOOR  
NEW YORK, NY 10038

Lisa Madigan  
ATTORNEY GENERAL

RE: RE: Status of PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. under  
the Illinois Charitable Laws

CO#

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of  
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. under the Charitable  
Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and  
Solicitations Bureau as CO#  It is current in the filing of its financial reports, having  
filed its report for the period ended June 30, 2015. Please let us know if you require further  
information.

Sincerely,

A handwritten signature in black ink, appearing to read "Ceretha Jackson", is written over a horizontal line. The signature is enclosed in a large, hand-drawn oval.

Ceretha Jackson, Compliance Officer  
Charitable Trusts Bureau  
100 West Randolph Street, 11th Floor  
Chicago, Illinois 60601  
Telephone: (312) 814-2595



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

December 9, 2016

PLANNED PARENTHOOD  
FEDERATION OF AMERICA, INC.  
123 WILLIAM STREET, 10TH FLOOR  
NEW YORK, NY 10038

Lisa Madigan  
ATTORNEY GENERAL

RE: RE: Status of PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. under  
the Illinois Charitable Laws  
CO# [redacted]

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of  
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. under the Charitable  
Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and  
Solicitations Bureau as CO# [redacted]. It is current in the filing of its financial reports, having  
filed its report for the period ended June 30, 2015. Please let us know if you require further  
information.

Sincerely,

Cee-etha Jackson, Compliance Officer  
Charitable Trusts Bureau  
100 West Randolph Street, 11th Floor  
Chicago, Illinois 60601  
Telephone: (312) 814-2595





OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

December 9, 2016

PLANNED PARENTHOOD  
FEDERATION OF AMERICA, INC.  
123 WILLIAM STREET, 10TH FLOOR  
NEW YORK, NY 10038

**Lisa Madigan**  
ATTORNEY GENERAL

RE: RE: Status of PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. under  
the Illinois Charitable Laws  
CO# [redacted]

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of  
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. under the Charitable  
Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and  
Solicitations Bureau as CO# [redacted]. It is current in the filing of its financial reports, having  
filed its report for the period ended June 30, 2015. Please let us know if you require further  
information.

Sincerely,

Ceretha Jackson, Compliance Officer  
Charitable Trusts Bureau  
100 West Randolph Street, 11th Floor  
Chicago, Illinois 60601  
Telephone: (312) 814-2595



**COMMITTEE ON FINANCE CHARITABLE SOLICITATION  
TAG DAY REQUEST FORM AND ROUTE SHEET**

|   |  |  |  |
|---|--|--|--|
| <b>PERMIT NUMBER:</b>                                   | 2017-14                                      |  |  |
| <b>GROUP NAME:</b>                                      | Polish Legion of American Veterans           |  |  |
| <b>ADDRESS:</b>   | 5048 W. Wellington Avenue, Chicago, IL 60641 |  |  |
| <b>TELEPHONE NUMBER:</b>                                | 773-545-9159                                 |  |  |
| <b>CONTACT PERSON:</b>                                  |  |  |  |
| <b>DATE WRITTEN REQUEST WAS RECEIVED:</b>               | March 14, 2017                               |  |  |
| <b>SOLICITATION DATE:</b>                               | May 17 -20, 2017                             |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| <b>CITY COUNCIL DATE:</b>                               | March 29, 2017                               |  |  |
| <b>COMPLETION OF FILE DATE:</b>                         |  |  |  |
| <b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b> |  |  |  |
| <b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>     | March 29, 2017                               |  |  |
| <b>VIOLATION (S)</b>                                    |  |  |  |
| <b>COMMITTEE LETTER SENT:</b>                           |  |  |  |
| <b>COMPLY RECEIVED:</b>                                 |  |  |  |
| <b>COMMENTS:</b>  |  |  |  |



# CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT



BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

**NAME OF ORGANIZATION:** Polish Legion of American Veterans

**ADDRESS OF ORGANIZATION:** 5048 W. Wellington Avenue  
Chicago, IL 60641

**DATE(S) OF SOLICITATION:** May 17 - 20, 2017

**PLACE(S) OF SOLICITATION:** Citywide

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.

Edward M. Burke  
Chairman  
Committee on Finance

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

(Please neatly print or type. In necessary in answering any question, please attach additional sheets.)

1. Name of organization: *STATE DEPARTMENT OF ILLINOIS  
POLISH LEGION OF AMERICAN VETERANS, U.S.A.*  
Address: *5048 W. WELLINGTON AVE.  
CHICAGO, IL 60641*  
Telephone Number: *773-545-9159*
2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:  
*SEE ATTACHED SHEET*
3. List the date and approximate location(s) of solicitation:  
*MAY 17, 18, 19 + 20 - 2017  
NORTHWEST SIDE OF CHICAGO*
4. Approximately how many persons will be engaged in the solicitation?  
*25*
5. Explain the methods your organization will use to solicit funds:  
*OFFERING POPPIES FOR A DONATION TO THE  
VETERAN'S SERVICE FUND*

---

6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when? *YES - 2016*
7. Include the following with your application:
  - A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
  - B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.
8. Please include any other relevant information which would assist the Committee on Finance in reviewing this application.  
*SEE ATTACHED*

Line 2

Dennis Deisenroth, Commander

[redacted] E. Buenett, [redacted]

[redacted] Island Lake, IL 60042

815-[redacted]

Kevin Pomykala, Vice-Commander

[redacted] Arrowhead Dr.

Elwood, IL 60421

815-[redacted]

Walter J. Komarnicki, Treasurer

[redacted] W. Wellington Ave.

Chicago, IL 60641

Julianne Viduya, Adjutant

[redacted] N. New England Ave.

Chicago, IL 60707

[redacted]

FILING FEE IS \$10.  
IF LATE, ADD PENALTY OF \$3.

General Not For Profit Corporation Act

**ANNUAL REPORT**

(Form NFPCAF - Rev. 09/30/2009)

\*\* THIS REPORT CAN BE FILED ON-LINE @ [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com) WITH AN EXPEDITED FEE. \*\*  
(USE BLACK INK)

#7

08-08-03  
COOK COUNTY

POLISH LEGION OF AMERICAN VETERANS OF THE USA DEPARTMENT OF  
% WALTER JOHN KOMARNICKI  
5048 W WELLINGTON AVE  
CHICAGO IL 60641

Item 1. Verify that the corporate name is correct.

Item 2. Verify that the name of the registered agent and the address of the registered office are correct. You cannot change the registered agent and/or registered office on the annual report form printed below. In order to change the registered agent and/or registered office, it will be necessary to file with the Secretary of State form NFP 105.10/105.20. Mail the NFP 105.10/105.20, Annual Report and \$5 filing fee TOGETHER in the SAME envelope. This form can be downloaded from our internet web site at [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com). Click on "Departments", then "Business Services" then "Publications and Forms".

Items 3(a), 3(b). Verify printed information is correct.

Item 4. Must set forth the names and addresses of all officers and directors of the corporation as of the date of signing. **ILLINOIS CORPORATIONS MUST HAVE AT LEAST THREE (3) DIRECTORS!** If there are additional officers and/or more than three directors, you must attach a list to this report setting forth all other name(s), title(s) and address(es). Please write the file number on all attachments.

Item 5 Please complete this item.

Item 6. Please mark the appropriate box where indicated in response to the following questions:

(a) Is this corporation a **CONDOMINIUM** Association as established under the Condominium Property Act?

(b) Is this corporation a **COOPERATIVE HOUSING CORPORATION** defined in Section 216 of the Internal Revenue Code of 1954?

(c) Is this corporation a **HOMEOWNER'S ASSOCIATION** which administers a Common Interest Community as defined in Subsection (c) of Section 9-102 of the Code of Civil Procedure?

Item 7. Please complete this item.

Item 8. **THIS REPORT MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE CORPORATION!** Please type or print the name and title of the officer signing this report as well as the date of signing.

**DETACH AT PERFORATION - DO NOT SUBMIT A PHOTOCOPY**

Page #: 004442

|   |  |   |
|---|--|---|
| 1) Corporate Name<br>POLISH LEGION OF AMERICAN VETERANS OF THE USA DEPARTMENT OF  |  | File Number<br>N 5852-315-1   |
| 4) President Name/Address<br>ROBERT SWAN<br>HOFFMAN ESTATES, IL 60167   | 3a) Date of Inc /Qual<br>09-25-1995                                  | Annual Report<br>General Not For Profit<br>Corporation Act  |
| Secretary Name/Address<br>JULIANE VIDUYA<br>CHICAGO, IL 60607   | 3b) State of Inc<br>ILLINOIS   |   |
| Treasurer Name/Address<br>WALTER J. KOMARNICKI<br>CHICAGO, IL 60641   |  |   |
| Director Name/Address<br>DENARD SMICZAK<br>HUNTLEY, IL 60142  |  |   |
| Director Name/Address<br>VANCLA STEPHENS<br>CHICAGO, IL 60641   |  |   |
| 5) Brief Description of the corporation's activities<br>DONATING TIME AND MONEY TO V.A. HOSPITALS, VETERAN'S HOMES, AND FAMILIES OF VETERANS AND NEES | Director Name/Address<br>JULIANE VIDUYA<br>ENGLAND CHICAGO, IL 60607 |   |
| 7) Principal Address of the Corporation (Street, City, State, Zip Code)<br>1364 PARK ST. MC HENRY, IL 60050   |  | Year of<br>2016   |
| 2) Registered Agent<br>% WALTER JOHN KOMARNICKI<br>5048 W WELLINGTON AVE<br>CHICAGO IL 60641<br>COOK COUNTY   | 08-08-03<br>check #<br>2708  | 6a) Is this Corporation a CONDOMINIUM ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>6b) Is this Corporation a COOPERATIVE HOUSING CORP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>6c) Is this Corporation a HOMEOWNER'S ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Under the penalty of perjury and as an authorized officer, I declare that this annual report pursuant to the provisions of the General Not For Profit Corporation Act has been examined by

8) Signature  
Walter Komarnicki Treasurer 7-27-11

#8

District  
Director

Person to Contact: - EO:TPA

POLISH LEGION OF AMERICAN VETERANS  
STATE DEPARTMENT OF ILLINOIS  
739 S WINCHESTER AVENUE  
CHICAGO IL 60612

Telephone Number: 1-800-829-1040  
312-435-1040

Refer Reply to: 93-0553

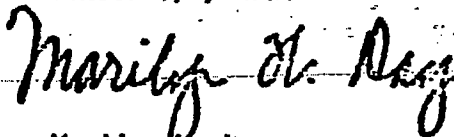
Date: December 14, 1992

RE: GROUP EXEMPTION  
EIN:

This letter is to verify exemption under IRC 501(c)(19).

Our records indicate that a group ruling letter was issued to Polish Legion of American Veterans National Department and its named subordinate organizations in January, 1948 under group ruling number 1018. Normally a parent organization that is covered by a group ruling will automatically add new or additional subordinate units to the group ruling. We suggest that you contact your parent organization for guidance in this matter. If you want a copy of the exemption letter, please contact your parent organization.

Sincerely yours,



Marilyn A. Iby  
District Director

HOLD HARMLESS AGREEMENT

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

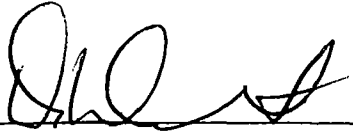
STATE DEPARTMENT OF ILLINOIS  
POLISH LEGION OF AMERICAN VETERANS, U.S.A.  
Name of organization

Walter Komarinski  
Signature of organization officer

3-6-17  
Date

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATE THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

I/WE, THE OFFICER(S) OF THE ABOVE NAMED ORGANIZATION, CERTIFY THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION MUST SIGN AND VERIFY THIS APPLICATION.)

Signature  Title STATG COMM. Date 3/5/17

Signature Walter Komarnicki Title TREASURER Date 3/5/17

Signature Jubonice Vedeja Title Adjutant Date 3/5/17

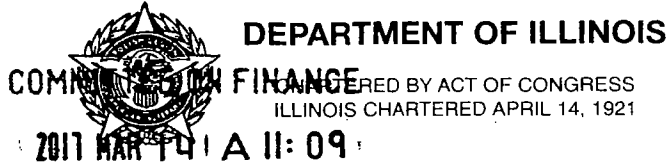
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"Unity with Heritage"

# Polish Legion of American Veterans

"Aid to the Blind Program"

COMMANDER  
Robert Swan  
530 LaFayette Lane  
Hoffman Estates, IL 60169  
847-322-9874  
E-Mail  
robert.swan@sbcglobal.net



ADJUTANT  
JULIANNE VIDUYA  
2402 N. New England  
Chicago, IL 60707  
773-622-6901

Committee on Finance  
121 N. LaSalle St.  
Room 22  
Chicago, IL 60602

3-6-2017

Dear Ms Murphy,

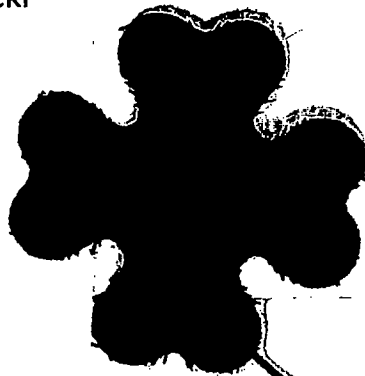
Please find enclosed the application for a Charitable Solicitation Permit, also enclosed is a check for \$40  
The dates requested are May 17, 18, 19 and 20 of 2017.

Please mail the permit to:

Walter J. Komarnicki, Treasurer  
5048 W. Wellington Ave.  
Chicago, IL 60641

Sincerely,

  
Walter J. Komarnicki



Polish Legion American Veterans  
CHARTERED BY ACT OF CONGRESS  
*Thank You*





**COMMITTEE ON FINANCE CHARITABLE SOLICITATION  
TAG DAY REQUEST FORM AND ROUTE SHEET**

|   |  |  |  |
|---|--|--|--|
| <b>PERMIT NUMBER:</b>                                   | 2017-15                                    |  |  |
| <b>GROUP NAME:</b>                                      | The Salvation Army Metropolitan Division   |  |  |
| <b>ADDRESS:</b>   | 5040 North Pulaski Road, Chicago, IL 60630 |  |  |
| <b>TELEPHONE NUMBER:</b>                                | 773-725-1100                               |  |  |
| <b>CONTACT PERSON:</b>                                  |  |  |  |
| <b>DATE WRITTEN REQUEST WAS RECEIVED:</b>               | March 10, 2017                             |  |  |
| <b>SOLICITATION DATE:</b>                               | November 1 thru December 23, 2017          |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| <b>CITY COUNCIL DATE:</b>                               | March 29, 2017                             |  |  |
| <b>COMPLETION OF FILE DATE:</b>                         |  |  |  |
| <b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b> |  |  |  |
| <b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>     | March 29, 2017                             |  |  |
| <b>VIOLATION (S)</b>                                    |  |  |  |
| <b>COMMITTEE LETTER SENT:</b>                           |  |  |  |
| <b>COMPLY RECEIVED:</b>                                 |  |  |  |
| <b>COMMENTS:</b>  |  |  |  |

# CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT



BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

**NAME OF ORGANIZATION:** The Salvation Army Metropolitan Division

**ADDRESS OF ORGANIZATION:** 5040 North Pulaski Road  
Chicago, IL 60630

**DATE(S) OF SOLICITATION:** November 1 thru December 23, 2017

**PLACE(S) OF SOLICITATION:** Citywide

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.

Edward M. Burke  
Chairman  
Committee on Finance

**APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT**

(Please neatly print or type. If necessary in answering any question, please attach additional sheets.)

1. **Name of organization:** The Salvation Army Metropolitan Division  
**Address:** 5040 North Pulaski Road, Chicago, IL 60630  
**Telephone Number:** 773.725.1100

2. **Use the space below to list names, current positions, residence addresses and Telephone numbers of the officers in the organization:**

Scott Justvig, Executive Director of Development and Communications  
5040 N. Pulaski Road  
Chicago, IL 60630  
773-725-1100

3. **List the date and approximate location(s) of solicitation:**

November 1, 2017 – December 23, 2017 - Sidewalks in the Public Way throughout the City of Chicago (Excluding Sundays)

4. **Approximately how many persons will be engaged in the solicitation?**

Approximately 85 people/volunteers

5. **Explain the methods your organization will use to solicit funds:**

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Red Kettles

6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**

Yes, we have solicited in the City of Chicago for 80 years.

7. **Include the following with your application:**

- A. **A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.**
- B. **A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.**

8. **Please include any other relevant information which would assist the Committee on Finance in reviewing this application.**

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATE THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

I/WE, THE OFFICER(S) OF THE ABOVE NAMED ORGANIZATION, CERTIFY THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION MUST SIGN AND VERIFY THIS APPLICATION.)

Signature  Title Executive Director of Development Date 3/13/17

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

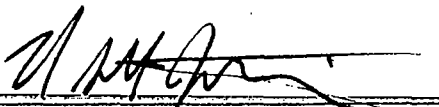
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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HOLD HARMLESS AGREEMENT

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

The Salvation Army Metro DHQ  
Name of organization

  
Signature of organization officer

3/13/17  
Date

**COMMITTEE ON FINANCE CHARITABLE SOLICITATION  
TAG DAY REQUEST FORM AND ROUTE SHEET**

|   |  |  |  |
|---|--|--|--|
| <b>PERMIT NUMBER:</b>                                   | 2017-16                                    |  |  |
| <b>GROUP NAME:</b>                                      | The Salvation Army Metropolitan Division   |  |  |
| <b>ADDRESS:</b>   | 5040 North Pulaski Road, Chicago, IL 60630 |  |  |
| <b>TELEPHONE NUMBER:</b>                                | 773-725-1100                               |  |  |
| <b>CONTACT PERSON:</b>                                  |  |  |  |
| <b>DATE WRITTEN REQUEST WAS RECEIVED:</b>               | March 10, 2017                             |  |  |
| <b>SOLICITATION DATE:</b>                               | June 2 - 3, 2017                           |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| <b>CITY COUNCIL DATE:</b>                               | March 29, 2017                             |  |  |
| <b>COMPLETION OF FILE DATE:</b>                         |  |  |  |
| <b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b> |  |  |  |
| <b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>     | March 29, 2017                             |  |  |
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| <b>COMMITTEE LETTER SENT:</b>                           |  |  |  |
| <b>COMPLY RECEIVED:</b>                                 |  |  |  |
| <b>COMMENTS:</b>  |  |  |  |

# CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT



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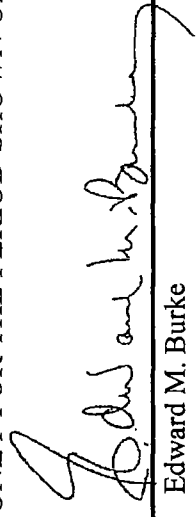
**NAME OF ORGANIZATION:** The Salvation Army Metropolitan Division

**ADDRESS OF ORGANIZATION:** 5040 North Pulaski Road  
Chicago, IL 60630

**DATE(S) OF SOLICITATION:** June 2 - 3, 2017

**PLACE(S) OF SOLICITATION:** Citywide

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.

  
Edward M. Burke  
Chairman  
Committee on Finance

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**Telephone Number:** 773.725.1100
  
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Scott Justvig, Executive Director of Development and Communications  
5040 N. Pulaski Road  
Chicago, IL 60630  
773-725-1100
  
3. **List the date and approximate location(s) of solicitation:**  
  
June 2-3, 2017 - Sidewalks in the Public Way throughout the City of Chicago
  
4. **Approximately how many persons will be engaged in the solicitation?**  
  
Approximately 85 people/volunteers
  
5. **Explain the methods your organization will use to solicit funds:**  
  
Volunteers will be using marked Donut Day collection boxes


---

6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**  
  
Yes, we have solicited in the City of Chicago for 80 years.
  
7. **Include the following with your application:**
  - A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
  - B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.
  
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Signature  Title Executive Director  
of Development Date 3/13/17

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

---

HOLD HARMLESS AGREEMENT

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3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

The Salvation Army Metro DHQ  
Name of organization



---

Signature of organization officer

3/13/17

Date