

Citywide

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



Edward M. Burke Alderman, 14th Ward

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
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

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 of members of the committee with

(signed)^\

Respectfully submitted

Chairman

PERMIT NO. 2017-09

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

PERMIT NUMBER: 2017-09

Alzheimer's Association

8430 W. Bryn Mawr Avenue, Suite 800, Chicago, IL 60631

ADDRESS:

TELEPHONE NUMBER:

CONTACT PERSON:

DATE WRITTEN REQUEST WAS RECEIVED: February 17, 2017

June 2-3 and 9 -10, 2017

CITY COUNCIL DATE:

COMPLETION OF FILE

-DA-T-E:

STATEMENT OF RECEIPTS AND
DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION:

VIOLATION(S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

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APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

COMMITTEE ON FINANCE

(Please neatly print or type. In **15** any question, please attach

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 <mailto: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".
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.)

<u>Signature</u>	<u>Title</u>
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Signature

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.

Name of organization

Signature of organization officer

Date

OFFICII OF THE ATTORNEY GENERAL STATE OF ILLINOIS

Lisa Madigan
ATTORNEY GENERAL

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

RE: RE: Status of ALZHEIMER'S DISEASE AND RELATED DISORDERS
-ASSOCIATIONy GREATER ILLINOIS CHAPTER under the Illinois Charitable-Laws
cotf A

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.. 71 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.

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

alzheimer's US
association

THE BRAINS BEHIND SAVINGYOURS:

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 2nd, 3rd, 9th & 10th, 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.

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.

Carbondale
320 E. Walnut Street, Ste. A, Carbondale, IL 62901
618 9851095 p 618 549 2362 f

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

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

Specialist, External

Relationships Greater Illinois

Chapter

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 6270' 217 726 5184 p 217 726 5185 f

www.alz.org/illinois <<http://www.alz.org/illinois>> - 800.272.3900 24-hour helpline

PERMIT NO. 2017- 13

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

PERMIT NUMBER: 2017-13

GROUP NAME: Chicago Firemen's Post 667 American Legion

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

TELEPHONE NUMBER: 773-283-4305

CONTACT PERSON:

DATE WRITTEN REQUEST WAS RECEIVED: March 14, 2017

SOLICITATION DATE: May 24-26, 2017

CITY COUNCIL DATE: March 29, 2017

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: March 29,2017

VIOLATION (S)

COMMITTEE LETTER SENT:
COMPLY RECEIVED:

COMMENTS:

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APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

CHICAGO FIREMEN'S POST 667

Name of organization: AMERICAN LEGION

' Address- 36^7 N. TRIPP AVE.
CHICAGO, IL. 606^1-3038

Telephone Number: 773-283-^305

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

JAMES MINDAK
POST_ADJ_UCTANT/FINANCE OFFICER 'j E.
:hicago, il."606^1-3038,,

/ELL)

J

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

MAY 2k, 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 GERE RATED 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.)

Title ADJ/FINANCB OFF. Date 8 MAR. 2017

Signature

Title

Date

Signature

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 A'INAN OFFICER

8 MAR. 2017 Date

March 2, 2017

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

CHICAGO FIREMEN'S LEGION POST

”_

3647 N. TRIPP AVE. CFUCAGO, IL 60641
-3038

T ·
Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of CHICAGO FIREMEN'S LEGION POST 667 under the Illinois Charitable
Laws
CO*’ \

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#\ ^{J/~~~~i}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,

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

PERMIT NO. 2017-12

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

PERMIT NUMBER:

Doctors Without Borders/Medecins Sans Frontieres (MSF)

ADDRESS: 333 7th Avenue, Floor 2, New York, NY 10001

TELEPHONE NUMBER:

CONTACT PERSON:

DATE WRITTEN REQUEST WAS RECEIVED: March 10, 2017

May 21 thru September 2, 2017

CITY COUNCDL DATE:

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND
DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION:

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

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(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.**

APPLIC7ATICMS MJST BE RECEIVED BY THE CCfMETTEE ON FINANCE NO LATER THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOTJK3TATION.

3/10/2017

Title

Date

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.)

Director of Marketing

Signature

HOLD HARMLESS AGREEMENT

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.

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.

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

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Date

Doctors Without Borders/Medecins Sans Frontieres (MSF)

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T-005 P.02/02 F-583

OFFICE OF THE ATTORNEY GENERAL

STATE OF ILLINOIS

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

RE: RE: Status of MEDECINS SANS FRONTIERES USA, INC. D/B/A DOCTORS

WrrHOUT30RDE_RS_under the Illinois Charitable Laws

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.

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

PERMIT NO. 2017- 10

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

PERMIT NUMBER: 2017-10

Misericordia Heart of Mercy Center

6300 North Ridge, Chicago, IL 60660-1017

ADDRESS:

TELEPHONE NUMBER:

CONTACT PERSON:

DATE WRITTEN REQUEST WAS RECEIVED: March 3, 2017

SOLICITATION DATE:

CITY COUNCIL DATE:

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND

DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: March 29, 2017

VIOLATION(S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

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

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

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

May 5, 6, 7

Approximately how many persons will be engaged in the solicitation?

We expect approximately 200 volunteers to collect on those dates.

Explain the methods your organization will use to solicit funds:

-Ourvolunteers'wiil-stand^tke-comers~and~suTTOunding^ soliciting donations and passing out bags ofJelly 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.

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.)

Title Corporate Secretary Date 2/28/17

HOLD HARMLESS AGREEMENT

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify and hold harmless the 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

DATE: 2/28/2017

MISERICORDIA'S BOARD OF DIRECTORS

President

Monsignor Michael Boland The Catholic Charities 721 N. LaSaUe 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* Floor Chicago, IL 60606

MargarPthouh^ansjium@united.com <mailto:ansjium@united.com>Phone:!

CeU:3j

Appointed in 2014

Director

Mr. Robert Soudan Lock Up Development 800 Frontage Road Northfield, IL 60093 bobs@thelockup.com

<mailto:bobs@thelockup.com>

Director

Mr. John L. Dyer

Peter Shannon & Co.

6412 Joliet Rd., Ste. 1

La Grange HigMands,JL^525-4662

Phone:/ ^ell

Appointed in 2005

Director Mr. Rob Figliulo SPR, Inc.

233 S. Wacker Dr., Ste. 3330

Chicago, IL_60606 .

Cell: \ U3

Appointed in 2005

Director

Dr. Philip R. O'Connor 1318 W. George St.

Chicago, IL 60657_

Phone:y

Phil.oconnof@proactive-strategies.net <mailto:Phil.oconnof@proactive-strategies.net>Appointed in 2015

Director

Mr. Dan Walsh
1130 N. Lake Shore Drive
Chicago, IL 60611

dwalsh@walshgroup.com <mailto:dwalsh@walshgroup.com>Appointed in 2015

L

Appointed in 2007 Director

Father Jack Clair, acting secretary

Misericordia

6300 North Ridge

Chicago, IL 60660

Phone: 773-273-4165

frjack@misericordia.com <mailto:frjack@misericordia.com>

appointed in 2014

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

October 14,2015

Lisa Madigan

ATTORNEY GENERAL

MISERICORDIA HOME 6300 N. RIDGE ROAD
CHICAGO, IL 60660

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,

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

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 ore questions, please contact me at 773-273-4163, or tloftus(5) misericordia.com <<http://ricordia.com>>. Thank you very much for your assistance.

"Sincerely,

Therese Loftus

Development

Manager

Enclosures

PERMIT NO. 2017-11

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

PERMIT NUMBER: 2017-11

GROUP NAME: Planned Parenthood Federation of
America

ADDRESS: 123 William Street, 10th floor, New York, NY 1003 8

TELEPHONE NUMBER: 212-541-7800

CONTACT PERSON:

DATE WRITTEN REQUEST WAS RECEIVED: March 10, 2017

SOLICITATION DATE: March 31 thru
April 30, 2017

CITY COUNCIL DATE: March 29, 2017

COMPLETION OF FILE DATE:

STATEMENT OF RECD7TS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: March 29,2017

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

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: Jethro Miller, Chief Development Officer:

123 William Street, 10th Floor 123 William Street, 10th Floor

New York, NY 10038
212-541-7800

New York, NY 10038
212-541-7800

3. List the date and approximate location(s) of solicitation:
3/5/17 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?
 - 2016 (Sept 16, 2016 - January 15, 2017)
 - 2016 (May 1, 2016-August 31, 2016)
 - 2016 (January 14, 2016 - April 30, 2016)
 - 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.

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I.A IK IIIAin UI I) \ \ S PRIOR TO THL COMM! NCI MI I.N') OI 111) SOUC! FA' ION.

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.)

Title DtpUTi Cf*

Date*/*/*''?

Signature

Title

Date

Signature_ Title Date_
HOLD HARMLESS A GUT. I MEN I

The undersigned officer on behalf of the subject organization agrees to defend, indemnify, settle and hold harmless the City of Chicago for any and all liability, damage or cost which it; City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.

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.

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

natiryd fortm-tood fpdetziticn ofnmetier

Name of organization

Signature of organization officer

Date

Mar-10-17 03:11pm From-

OFFICE OF THE ATTORNEY GENERAL
OFFICE OF ILLINOIS

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

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

cod \

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 COC. 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.

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

Dac-09-16 02:15pm Frw

OFFICE OF THE ATTORNEY GENERAL
December 9, 2016 STATE OF ILLINOIS

PLANNED PARENTHOOD
FEDERATION OF AMERICA, INC.

L. Lisa Madigan

ATTORNEY GENERAL

123 WILLIAM STREET, 107 H FLOOR NEW
YORK. NY 10038

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

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OFFICE OF THE ATTORNEY GENERAL
December 9, 2016 STATE OF ILLINOIS

PLANNED PARENTHOOD .
FEDERATION OF AMERICA, INC.

L. Lisa Madigan

ATTORNEY GENERAL

123 WILLIAM STREET, 107H FLOOR NEW YORK.
NY 10038

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the Illinois. Charitable Laws

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Ce -etha Jackson,Complianc Charitable Trusts Bureau I0(i West Randolph Street. 11th floor Ch cago,
Illinois 60601 Telephone: (312)814-2595

<ggg>-

PERMIT NO. 2017-14

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

PERMIT NUMBER: 2017-14

GROUP NAME: Polish Legion of American Veterans

ADDRESS: 5048 W. Wellington Avenue, Chicago, IL 60641

TELEPHONE NUMBER: 773-545-9159

CONTACT PERSON:

DATE WRITTEN REQUEST WAS RECEIVED: March 14, 2017

SOLICITATION DATE: May 17-20, 2017

CITY COUNCIL DATE: March 29, 2017
COMPLETION OF FILE DATE:
^STATEMENT OF RECEIPTS ~ AND DISTRIBUTION RECEIVED:
DATE PERMIT LETTER WAS SENT TO ORGANIZATION: March 29, 2017

VIOLATION (S)

COMMITTEE LETTER SENT:
COMPLY RECEIVED:

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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: foUS^ LcC/o/l) OF AM&filciJV6Te*fi#S,a.%ti.*

Address: 5f>¥S id, U) £LL(& \$TeP fj^ < Telephone Number: ^ S-

9(6^

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

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

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

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

Offer(>G> PopP 1^5 fop. Pi |>0/>ArtOjO Toftfe*

6. Has your organization ever been allowed to solicit funds in prior years in the

6. City of Chicago? If so, when? - £.0 / £>

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.

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

Line 2

__D_ennis Deisenroth__,_Cpmmander
E. Buenett, |
- isiland Lake, IL 60042
815-i

Kevin Pomykala, Vice-Commander ^Arrowhead Dr. "Elwood, IL 60421
815-\

V.

Walter J. Komarnicki, Treasurer in. Wellington Ave.

Chicago, IL 60641

'dim

Julianne Viduya, Adjutant in. New England Ave. Chicago, IL 60707

year of 2016 SECRETARY OF STATE JESSE WHITE PAGE

due prior to 9-1-2016 STATE OF ILLINOIS corporation

N 5852-315
-1

mailing fee is \$10.
IF LA TE, ADD PENALTY OF \$3.

General Not For Profit Corporation Act

ANNUAL REPORT

(Form NFP-CAF - Rev. 09/30/2009) * - THIS REPORT CAN BE FILED ON-LINE VI

www.rvbfrilri.eUtiiob.com WITH AN EXPEDITED FEE. * «

(USE BLACK INK)

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

^TERANS OF THE USA DEPARTMENT OF

}Q t(HCA6t JL- k6?C7

Director Name/Address

Director Name/Address

Director Name/Address

3^ Brief Description of the corporation's activities, --r'i'N'! f7 <v l E A C h >|qiEE7 T(/ \. fir t/O

7) Principal Address of the Corporation (Street, City, State, Zip Code)

2) Registered Agent

% WALTER JOHN KOMARNICKI 08-08-C 5048 W WELLINGTON AVE CHICAGO IL 60641 COOK COUNTY

Under the penalty of perjury and as an authorized officer, I declare that this annual report pursuant to the provisions of the General Non-Profit Corporation Act has been examined by me.

Signature

**District Director
Assistant Treasurer
Portion to Contact: * EO;TPA**

polish legation of american veterans state department of illinois
719 s winchester avenue chicago il 60612

Telephone Number: . 1-800-029-1040

312-435-1040

Refer Reply To: 93-0553

Date: -!**-raa!«T 14, 1992

RE; GROUP EXEMPTION KIR: [

L j

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

Dintrit-t Dirwrt-T

Our records indicate that a group ru 1 inp. letter t»«s issued 'to polish Legion of Aaerican Veterans National Iv-parU»»»nt and its named subordinate organizations in January. 1940 urn lor group ruling number 1010. Hun- ally a parent organization that io covered by a jsroor ruling will automatically add new or additional subordinate units to. the pjroup ruling. We suggest that you contact your ■parent organization for guidance in this Batter. If you Rant a copy of Lite exemption letter, please contact your parent organisation.

HOLD HARMLESS AGREEMENT

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.

Signature oforganization officer
Date

Name of organization

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

Signature

"Unity with Heritage"

Commander Robert Swan 530 La Fayette Lane Hoffman Estates, IL 60169 847-322-9874 E-Mail
robert.swan@sbcglobal.net <mailto:robert.swan@sbcglobal.net>

"Aid to the Blind Program" Adjutant
JUUANNE VIDUYA
2402 N. New England Chicago, IL 60707 773-622-6901

**Committee on Finance 3-6-2017 121 N. LaSalle St. Room 22
Chicago, IL 60602**

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,

**lish Legion American Veterans
CHARTERED BY ACT OF CONGRESS**

Walter J. Komarnicki

PERMIT NO. 2017 - 15

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

PERMIT NUMBER:

The Salvation Army Metropolitan Division

ADDRESS: 5040 North Pulaski Road, Chicago, IL 60630

TELEPHONE NUMBER:

CONTACT PERSON:

DATE WRITTEN REQUEST WAS RECEIVED: March 10, 2017

November 1 thru December 23, 2017

CITY COUNCIL DATE:
COMPLETION OF FILE DATE:
STXTEM1ENT~OF"RECE1PTS AND
DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION:

VIOLATION(S)
COMMITTEE LETTER SENT:
COMPLY RECEIVED:

COMMENTS:
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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

1. Address: 5040 North Pulaski Road, Chicago, IL 60630

1. 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:

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.)

y/ ^//d
ff 4WjL^^

TMe £x<SCuAv<£, Director
of De^cp^^ Date

., 1' V

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.

Name of organization

Signature of organization officer

Date

PERMIT NO. 2017-16

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

PERMIT NUMBER:

The Salvation Army Metropolitan Division

ADDRESS: 5040 North Pulaski Road, Chicago, IL 60630

TELEPHONE NUMBER:

CONTACT PERSON:

DATE WRITTEN REQUEST WAS RECEIVED: March 10, 2017

SOLICITATION DATE:

CITY COUNCIL DATE:

COMPLETION OF FILE DATE:

**STATEMENT OF RECEIPTS AND
DISTRIBUTION RECEIVED:**

DATE PERMIT LETTER WAS SENT TO ORGANIZATION:

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COMMITTEE LETTER SENT:

COMPLY RECEIVED:

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APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

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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:**

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

Name of organization

Signature of organization officer

Date