| DONOR INFOR   | MATION                               | - somixe  |
|---|--------------------------------------|---|
|   | CORPORATE                            | WEDNESDAY, JUNE 7, 202<br>5:00 - 7:00 PM  |
|   |                                      | LATHAM & WATKINS LLP<br>330 N WABASH AVE STE 2800,  |
| TREET ADDRESS   |                                      | CHICAGO, IL 60611   |
| TATE ZIP CO   |                                      |   |
| CONTACT PHONE   | FAX                                  | EMAIL   |
| DONA  | TION/ITEM IN                         |   |
| DONA<br>COMPLETE DESCRIPTION (INCLUDE SIZE  | ATION/ITEM IN<br>E, Services offerei | ORMATION<br>D, DATES AVAILABLE, RESTRICTIONS, ETC.)   |
| Complete description (include size  | ATION/ITEM IN<br>E, Services offerei | ORMATION  |
| DONA<br>COMPLETE DESCRIPTION (INCLUDE SIZE<br>DONOR'S ESTIMATED VALUE \$<br>We kindly request that the expiration a   | TION/ITEM IN<br>E, SERVICES OFFEREI  | ORMATION O, DATES AVAILABLE, RESTRICTIONS, ETC.)  EXPIRATION DATE / / year from the date of the event: June 7, 202  |
| DONA<br>COMPLETE DESCRIPTION (INCLUDE SIZE<br>DONOR'S ESTIMATED VALUE \$<br>We kindly request that the expiration a   | TION/ITEM IN<br>E, SERVICES OFFEREI  | ORMATION O, DATES AVAILABLE, RESTRICTIONS, ETC.) EXPIRATION DATE /  |
| DONA<br>COMPLETE DESCRIPTION (INCLUDE SIZE<br>DONOR'S ESTIMATED VALUE \$<br>We kindly request that the expiration of<br>DONOR SIGNATURE                                   | ATION/ITEM IN<br>E, SERVICES OFFEREI | • ORMATION         •, DATES AVAILABLE, RESTRICTIONS, ETC.)  |
| DONA<br>COMPLETE DESCRIPTION (INCLUDE SIZE<br>DONOR'S ESTIMATED VALUE \$<br>We kindly request that the expiration of<br>DONOR SIGNATURE<br>PLEASE MAIL COMPLETED FORM TO: | TION/ITEM IN<br>E, SERVICES OFFEREI  | ORMATION O, DATES AVAILABLE, RESTRICTIONS, ETC.)  CORMATION DATE / CORMITS AVAILABLE, RESTRICTIONS, ETC.)  CORMITS AVAILABLE, RESTRICTIONS, ETC.]  CORMITS AVAILABLE, RESTRICTIONS, ETC.] |
| DONA<br>COMPLETE DESCRIPTION (INCLUDE SIZE<br>DONOR'S ESTIMATED VALUE \$<br>We kindly request that the expiration a   | TION/ITEM IN<br>E, SERVICES OFFEREI  | • ORMATION         •, DATES AVAILABLE, RESTRICTIONS, ETC.)  |

101 N WACKER DR, 17TH FLOOR, CHICAGO IL 60606

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