



Pamakid Runners
PO Box 27557
San Francisco, CA 94127

**Charitable Donation Form
Kaiser Permanente San Francisco Half Marathon and 5K
Beneficiary Organization Request**

Please provide the following information to be considered for a charitable contribution. If possible, please send your application and supplemental materials together **as one PDF document** via email to charitablegiving@pamakids.org.

1. Contact Information

Organization Name _____

Primary Contact Name _____

Email _____ Phone number _____

Director Name _____

Address _____

Website _____

Program to support (if applicable) _____

Request amount _____ Is this a renewal? Yes ___ No ___

Referred by Pamakid member? Name _____

2. Brief description of the organization

3. Brief description of the program to support

4. How will this funding will be used to promote a healthy lifestyle?

5. Please describe any volunteer opportunities for Pamakid members

6. Please attach this additional information:

- Financial budget of the organization
- Financial budget of the program
- List of Board of Directors
- List of your top 10 donors
- Letter confirming 501(c)3 status

**Please send your information or any questions to the Charity Committee Chair:
Ashley Rodwick, charitablegiving@pamakids.org or (415) 336-2301**