



Pamakid Runners
P.O. Box 590718
San Francisco, CA 94159

Charitable Donation Form – Race Beneficiary

Please complete this form 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@pamakidrunners.org.

1. Contact & background information

Organization Name _____

Primary Contact Name _____

Email _____ Phone number _____

Director Name & Title _____

Address _____

Website _____

Program to support (if applicable) _____

Have you been a beneficiary of this race before? Yes ___ No ___

Referred by Pamakid member? Name _____

2. Briefly describe your organization.

3. Briefly describe the program to be supported by this donation (if applicable).

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

5. Please describe any volunteer opportunities for Pamakid members at your organization.

6. Race beneficiaries are asked to participate on race day by providing volunteers to host a water station. Is your organization able to participate in this activity?

yes ___ no ___

7. Please attach the following information (where applicable):

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

For questions, contact Chuck Amital, Charity Committee Chair: charitablegiving@pamakidrunners.org or (415) 336-2301
<http://www.pamakidrunners.org/>