SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

Thank you for your support of the San Francisco General Hospital Foundation. In order to comply San Francisco's voter-approved Sunshine Ordinance (listed below), which was crafted to ensure transparency when donations are made that benefit City institutions like Zuckerberg San Francisco General Hospital, San Francisco General Hospital Foundation is obligated by the City of San Francisco to request that you please complete and confirm the following information:

Contributor & Contribution Information:

Name: Thomas Rohlen Trust/ The Thomas and Shelagh Rohlen Fund Date: 6/30/2025

Address: 4180 Truxel Road, Suite Sacramento, CA 95834 Phone: _____

Money, Goods, Services (description): Money for the Solid Start Program

Contribution Amount/Estimated Value: $: 2,422,706.89

The above address is a: _x_ Business _____ Residence

Financial Interest:

Please check the appropriate box(es) that describe your financial interest with the City.

_x_ No Financial Interest
___ Contract with the City (Please describe): _____
___ Grant from the City (Please describe): _____
___ Lease of Space to or from the City (Please describe): _____
___ City License, Permit, or Entitlement for Use (Please describe): _____
___ Other Financial Interest (Please describe): _____
___ Pending Financial Interest (Please describe): _____

Additional details (optional): _____

San Francisco Administrative Code Chapter 67 section 67.29-6 (Sources of Outside Funding) provides:

> No official or employee or agent of the City shall accept, allow to be collected, or direct or influence the spending of, any money, or any goods or services worth more than one hundred dollars in aggregate, for the purpose of carrying out or assisting any City function unless the amount and source of all such funds is disclosed as a public record and made available on the website for the department to which the funds are directed. When such funds are provided or managed by an entity, and not an individual, that entity must agree in writing to abide by this ordinance. The disclosure shall include the names of all individuals or organizations contributing such money and a statement as to any financial interest the contributor has involving the City.

No signature, this is a bequest payment. Donors are deceased _____

Signature Date

Please return this form at your earliest convenience to bferreira@sfghf.org or mail to San Francisco General Hospital Foundation, Attn: Gift Compliance, PO Box 410836, San Francisco, CA 94141-0836. Please contact bferreira@sfghf.org should you have any questions. Thank you once again for your generous support.