



### **Contributor & Contribution Information:**

Date: June 17, 2024

Phone: (415) 561-6540

**Money, Goods, Services (description):**

### Grant Money for Patient Care

### Financial Interest:

✓ 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): \_\_\_\_\_

*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.*

**Signature**

Date \_\_\_\_\_

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