

**Application**

**Procedures:**

**1. Employee:**

- Print this application and complete Part 1.
- Mail the entire form, with the donation and any other necessary documentation to the institution or organization of your choice. The matching amount will be for unrestricted general support.

**2. Authorized officer from the recipient institution or charity:**

- Read the entire application.
- Complete Part 2 of the application form.
- Mail entire form to:

Attn: Julie Wynn  
Electronic Arts OutrEACH  
209 Redwood Shores Parkway  
Redwood City, CA 94065

**Please credit Sha Sha Chu  
(runner #SF-6168) for  
the donation.**

**Application:** Please be sure to print clearly and complete the application.

**Part 1: To be completed by employee**

Employee's full name:

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Employee's EA location: EARS

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Phone and extension:

Fax:

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Recipient organization: AIDS Marathon - SF

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Full address of organization: National AIDS Marathon Training Program  
c/o San Francisco AIDS Foundation  
File No. 7409302, P.O. Box 60000  
San Francisco, CA 94160-0001

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Date of gift/currency amount:

Employee's signature and date:

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**Part 2:** To be completed by authorized officer of recipient organization.

Legal name of institution or organization:

Phone:

Fax:

Full address:

Amount of gift:

Tax ID Number (of the organization):

I certify that I have read and understand the administrative conditions and that the above indicated gift and request for full match (if applicable) has been received and that it complies fully with the program.

Authorized signature/date

Name and job title (please print)