



1390 Market Street, Ste. 900
San Francisco, CA 94102
Tel: 415-554-3517
Fax: 415-554-8965
Web: www.sfwellness.org

Donation Form

Donor Name: _____

Address, City, Zip: _____

Email Address: _____

Phone Number: (to call if we have any questions about your donation) _____

Amount of Donation: _____

*Would you like to be included on the Wellness Initiative email distribution list?
We typically send quarterly updates via email. Circle: yes no*

*Please check one of the following boxes to indicate how you would like
the funding to be used to support the Wellness Programs:*

Unrestricted Funds: This donation can be used to support any of the 15 Wellness sites.

Site-Specific Funds: Please identify the Wellness Program site: _____

Instructions to Donor:

- Please make out your check to SFUSD and write "Wellness Initiative" in the Memo line.
- Mail your check and this Form to:

SFUSD Pupil Services/Wellness Initiative
555 Portola Drive
San Francisco, CA 94131
ATTN: Cristina Espinosa

- If you have any questions about the donation process, please contact Cristina Espinosa at espinosac@sfusd.edu or 415-695-5543.

Partnering to support student health and well-being.

San Francisco Department
of Public Health

San Francisco Department of
Children, Youth and Their Families

San Francisco Unified
School District