PA R T N E R S H I P

CHARITABLE DONATION REQUEST FORM

The Downtown Roseville Partnership is an action oriented, collaborative group that champions the creation of a vibrant and authentic downtown. We are proactive in promoting, marketing and providing services that attract businesses and visitors to Downtown Roseville. If your event/cause aligns with our values, and it takes place within Downtown Roseville, please fill out the form below.

All the following information is required for The Downtown Roseville Partnership LLC. (DRP)to consider your request. This form must be received 45 days prior to the event

Organization: Central California Hemophilia Foundation
Date: August 19, 2026
Contact Person: Gwenn Welsch
Title: Board Chair
Mailing Address: 2500 Woodfield Way, Roseville, CA 95747
Phone Number: 916-448-0370
Email: info@cchfsac.org
Event Name: Vampire Run – Unite for Bleeding Disorders
Event Date: October 18, 2026
Event Location: Vernon Street Town Square
Event Start and End Time: 8 AM to 2 PM
How many people do you expect at your event: 400
How many years have you been doing this event: This will be the fourth time in Roseville
Please include the following information in your submission:

1. A description of your organization, including the mission and major accomplishments

   The mission of CCHF is to improve quality of life for those impacted with hemophilia and other inherited bleeding disorders through education, advocacy, and support. A bleeding disorder can be caused by defects in the blood vessels or abnormalities in the blood itself. These abnormalities might be found in blood clotting factors or platelets. Either way, people with bleeding disorders tend to bleed longer than those

_____

_____

without a disorder. The danger with bleeding disorders usually lies in internal bleeding more than paper cuts. Bleeding Disorders is a general term for a wide range of medical problems that lead to poor blood clotting and continuous bleeding. You may hear them referred to as: coagulopathy, abnormal bleeding, and clotting disorders.

CCHF provides emergency assistance, lifelong learning grants, and scholarships to those in the community, along with educational and life success education and workshops.

2. A copy of the letter from the IRS stating your organizations 501 (c) 3 status, if applicable

3. A list of key staff and titles and current Board of Directors including officer status

Contact person's relationship to the organization:
Stephanie Hill, Run Volunteer

What services are rendered by your organization?
How will the donation be used?

CCHF provides emergency assistance, lifelong learning grants, and scholarships to those in the community, along with educational and life success education and workshops.

What kind of advertising/signage and recognition will DRP receive?

- Booth location at event
- Mention by emcee at the event
- Logo displayed on event signage
- Logo displayed on all event advertising and marketing materials
- Logo displayed on event webpage
- Logo on runner t-shirt
- Dedicated post on CCHF's social media

What type of contribution are you seeking? (check one)

Monetary $ 1000

By what date do you need the contribution? Upon receipt of invoice _____

Will you be providing any admission to the event for the _____ DRP> We _____ would welcome your attendance!

Internal use only: Req #: _____ Date of Review:_____Approved: Denied: ____Conditions: _____