City of Pittsburgh
Donation Acceptance Form

This is to confirm that on _____ the City of Pittsburgh received from Highmark Health the following:

☐ $_____ in a lump sum

☒ $20,000,000 in 5 payments of $4,000,000 in yearly installments

☐ $_____ in value of goods or services

Describe products, services, investment securities, real property, etc. in the space below:

☒ Check this box if the donation is to be limited to the following uses:

First responder needs with a primary initial focus on Bureau of Fire vehic

☐ City will publicly recognize donor by:

In administering this agreement, the Donor and City shall engage through the following primary representatives:

	City of Pittsburgh	Donor
Primary Representative:	Rea Price	Dan Onorato
Address:	414 Grant Street	120 Fifth Avenue, Pittsburgh, PA 15222
Telephone:	412-255-2640	
Email:	rea.price@pittsburghpa.gov	daniel.onorato@highmarkhealth.org

Submitted by

Name: Matt Singer
Title: Deputy Chief of Staff
Date: 7/9/26
Signature: /s/ Matt Singer

Necessary Actions:

Less than $500	*OMB approval*
$500 to $4,999.99	*OMB approval, reading and adoption by Council*
$5,000 or Greater	*OMB approval, full legislative approval*