



CONTRIBUTION REQUEST FORM

(To be completed by Recipient Organization only)

Name of Organization: _____
(Payee)*

Address: _____
Street

City, State and Zip Code

Point of Contact Information: _____
Print Name Phone Number

Title

Point of Contact E-mail: _____
E-mail Address

Aesculap Company Contact: _____
(If applicable, for informational purposes)

Tax Identification Number: _____

NPI #: _____
(For Physicians & Teaching Hospitals)

Requested Amount: \$ _____

Contribution Type: Research Grant Charitable Donation
 Educational Grant

Date of Event: _____

Brief Description and Purpose of Request: _____

The following supporting documentation MUST be sent with the Contribution Request Form:

- 501(c)(3) Designation Letter or other documentation of tax-exempt status
- Description of Fundraising Activity and Statement of Charitable Mission, if applicable
- If educational sponsorship is requested**, overview and agenda of educational program, information about CME accreditation, and Letter of Agreement under ACCME guidelines, if applicable

Please send this form and supporting documentation for initial Compliance Department review:

E-Mail: aesculap_grantrequest.us@aesculapusa.com

Fax: 484.821.9052

Aesculap, Inc.
Attn: Compliance Specialist

Mail: Aesculap, Inc.

Attn: Compliance Specialist
3773 Corporate Parkway
Center Valley, PA 18034

Consideration of your request may be delayed if the required supporting documentation does not accompany this form. All requests are reviewed by our Contributions Committee and the review process may take up to four weeks once the completed contribution request packet is received. Aesculap receives funding requests in excess of its annual grants program budget, and sometimes must decline support to worthy organizations and programs. Such a response does not reflect a negative appraisal of the prospective organization or the value of its programs/services.

* Charitable donations and educational grants/sponsorships **MUST** be payable to a third-party organizer OR an educational branch of a healthcare facility.