

# Application for Charitable Product Donation



Arthrex may provide product donations for charitable purposes, such as supporting indigent care or in sponsorship of events where the proceeds are intended for other domestic or international humanitarian needs.

Donations shall be determined by the charitable objective and shall be made only to bona fide charitable organizations [registered 501(c)(3) or not-for-profit institutions]. No direct funding will be made payable to an individual or health care professional (HCP). Arthrex does not fund capital projects. Arthrex will not serve as the exporter of product donations to international destinations.

Charitable Grants may not be based on, or related to, past, present, or future volume of business generated for Arthrex by the proposed recipient. Any evidence that suggests that the request for a Charitable Grant is tied, in any way, to past, present, or future volume of business will cause the request to be rejected and the request may not be resubmitted.

**To complete this request, the following information is needed:**

1. Organization information including brief history, mission/purpose statement, etc. via a website link or brochure.
2. A list of your organization’s Board of Directors and Executive Officers **(please attach)**.
3. Current IRS form W9 for grant recipient **(please attach)**.
4. IRS tax-exemption letter of fiscal sponsor [ie, 501(c)(3), if applicable; **please attach**].
5. Disclosure: information related to any HCP-owned or -controlled organization or any other known conflict of interest issues must be disclosed **(if applicable, please attach)**.

Part 1: Recipient Information			
Charitable Grant Requestor <i>(Legal name of organization or institution)</i> :			
Tax Identification Number:	Organization NPO# (if applicable):		
Street Address of Charitable Grant Requestor:	City, State:	ZIP:	
Phone:	Fax:	Email:	
Payee if Different From Recipient Above:			

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## Part 2 : Program Details

Title of Program/Event:

Program/Event Description (*attach additional information as needed*):

Purpose of Charitable Grant Funding (*what the grant covers*):

Is this a one-time request?

Yes  No

Program/Event Start Date:

Program/Event End Date:

Intended Destination (country) for Charitable Donation: (*Note: Arthrex will not provide a donation for an intended destination with an OFAC embargo.*)

Number and Type of Planned Surgeries:

Type and Quantity of Product Requested: (*Note: You must provide **specific item names/item numbers** if product donation is for international use due to Regulatory and Import/Export requirements.*)

Does requestor have experience with all requested products?  Yes  No

Please click File > Save As to save the completed form to your computer. Once saved, please attach in an email with an excel spreadsheet of requested products, including total quantities, and AR numbers. Please email this form and supporting documents to: [missionrequests@arthrex.com](mailto:missionrequests@arthrex.com).