

(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@aesculap.com](mailto:aesculap_grantrequest.us@aesculap.com) **Fax:** 484.821.9052 **Mail:** Aesculap Implant Systems, LLC  
Aesculap Implant Systems, LLC Attn: Compliance Specialist  
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.**