

Health Care Professional and National Associations

Charitable Donation Application Form

Boston Scientific accepts and reviews charitable donation requests on a rolling basis. Unfortunately, because of finite resources, not every program will receive our support. Factors in determining which programs will be funded include a review based on pre-established criteria and scope of the proposed donation and whether the request is consistent with our mission and guidelines for charitable giving.

The application is in a writable PDF format. If you have Adobe Acrobat, you may fill out the form, save it and send it to us electronically. With Adobe Reader, you are able to fill out the form and print it, but you will not be able to save it with your edits.

Please email, mail, or fax your request to:

Email address:

charitableadmin@bsci.com

Mailing Address:

Boston Scientific Corporation
Attn: Charitable Donations Administrator
Mail Stop: B2
One Boston Scientific Place
Natick, MA 01760-1537

Fax:

508.650.8932

General

Date Submitted:

Organization Name:

Requested Amount:

Charitable Events/Program:

Preferred level of sponsorship and associated benefits:

Total Event/Charitable Program Budget:

Event/Charitable Program Date:

Event Length:

Number of Expected Attendees:

Event Address:

US_ACTIVE-101718032.1

<p><u>Requestor Information</u></p> <p>(Please note that all correspondence will be sent to the Primary Contact. Any payments (if funded) will be made payable to the charitable organization and sent to the Payment Contact.)</p>
<p>Requestor Name:</p>
<p>Primary Contact:</p>
<p>Payment Contact:</p>
<p>Address:</p>
<p>Telephone Number:</p>
<p>Email address:</p>
<p>Website:</p>
<p>Organization Tax ID:</p>
<p>Is your organization a health care provider or affiliated with a health care provider? (Please enter Yes or No, and enter affiliation, if any.)</p> <p>YES. Affiliation:</p> <p>NO</p>
<p>Please provide an overview of your organization's mission (500 words or less).</p>

Please provide a history of past funding support from Boston Scientific or the Boston Scientific Foundation.

Amount:

Date:

Purpose/Program supported::

Please provide a list of board members, including their affiliations.

Please provide a list of Boston Scientific employees affiliated with your organization and their capacity (e.g., director, volunteer):

Boston Scientific values relationships between our employees and the communities we serve. If you have a Boston Scientific employee sponsor advocating for this request, please include that information below. (Please list all current and past contacts at BSC who have advocated for Boston Scientific support on behalf of your organization).

Boston Scientific requires the following supporting documentation to be included with each application:

- If you are an IRS tax-exempt entity, proof of your organization's IRS tax-exempt 501(c)(3) or 501(c)(4) status.
- A detailed event budget.
- Completed W9.
- Copy of event brochure or invitation, if applicable.

Charitable Donation Information

Please select the type of support you are seeking (e.g., monetary donation, equipment donation, etc.):

Please provide a description of the request.

Event/Charitable Program Title:

Description of the Event/Charitable Program request for funding:

List all confirmed donors and amount of their donation:

Please explain if/how Boston Scientific will be acknowledged for its support.

Please identify the community that will be served by this Event/Charitable Program.

Please indicate whether you are soliciting only vendors of your facility to donate to this Event/Charitable Program or whether you are soliciting broadly for donations.

Please identify a therapeutic area, if any, that will be served by this Charitable Donation.

Is any portion of this donation tax deductible?

Please describe any promotional opportunity that convey with this donation, if applicable.

Please list all relevant deadlines.

Applicant Certification and Signature

I certify that:

- All of the information provided in this application is accurate, complete and true.
- This organization does not discriminate in who we serve or who we hire on the basis of race, religion, color, national origin, citizenship, gender, sexual orientation, veteran's status, age, mental or physical disability, genetic information or any other class protected by federal, state, or local law requiring equal opportunity.
- This organization does not advocate, support, or practice activities that discriminate with regard to any of the aforementioned protected classes.

Signed

Date

For BSC Internal Use Only

Date Approved:

Approved by:

Comments: