

U.S. Health Care Professional and National Associations Charitable Donation Application Form

Boston Scientific accepts and reviews charitable donation requests on a rolling basis. **Each application must be complete and received by the Charitable Administrator at least four weeks prior to a scheduled Charitable Donations Review Committee meeting to be considered at that meeting. Charitable Donation Review Committee meetings are generally held the second week of each month.** Unfortunately, because of finite resources, not every program can receive Boston Scientific's support. Factors in determining which programs are funded include a review based on pre-established criteria, scope of the proposed donation, and whether the request is consistent with our mission and charitable giving guidelines.

This 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. Electronic submission is preferred.

Please email or mail your request to:

Email address: charitableadmin@bsci.com

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

General Charitable Program/Event Information

Date Submitted:

Organization Name:

Requested Amount:

Charitable Program/Event Title:

Description of the Charitable Program/Event:

Charitable Program/Event Date:

Event Address:

Number of Expected Attendees:

Who is your audience for this charitable program/event?:

Please identify the community that will be served by this Charitable Program/Event and specifically how these charitable funds will be used by your organization:

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

Requestor Information

Please note that all correspondence will be sent to the primary contact. Any payments (if funded) will be made only to the organization identified on the first page of this application and sent to the payment contact listed.

Primary Contact:

Primary Contact Email Address:

Payment Contact:

Payment Contact Address:

Payment Contact Telephone Number:

Payment Contact Email Address:

Website:

Organization Tax ID:

Is your organization recognized by the IRS as tax-exempt? 501(c)(3)? Other?:

Is your organization a health care provider or affiliated with a health care provider (e.g., hospital, physician, etc.)? (If yes, please describe):

Please provide an overview of your organization's mission (500 words or less):

Please provide a history of past funding support from Boston Scientific or Boston Scientific Foundation, Inc. (please include amount funded, date received, and purpose/program supported):

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):

Charitable Donation Information

Requested sponsorship and associated benefits *(Please include all levels of sponsorship available and corresponding funding benefits with your application)*:

If applicable, what is the cost of a table at this charitable program/event? An individual ticket?:

Total Charitable Program/Event Budget:

Requested amount as a percentage of charitable program/event budget:

What portion of this donation is tax deductible?:

List all confirmed donors and the amounts of their donations:

Please indicate whether you are soliciting only vendors, or whether you are soliciting broadly for donors:

Please list all relevant deadlines:

Application 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 _____

In addition to all information provided, 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 status (e.g. , the IRS determination letter).
- A completed W-9.
- A detailed event budget.
- A list of all available sponsorship levels.
- A list of board members, including their affiliations.
- A copy of the event brochure or invitation, if applicable.

Applications will not be considered until all required supporting documentation is received.