

ICU Medical Grant and Donation Request Form

Part 1 General information	n of person submitting the request.
First Name:	
Last Name:	
Phone:	
Email:	
Part 2 Information about	requesting organization.
Name:	
Tax ID (TIN):	
Address:	
Phone/Email:	
Is this request being Yes □ No □	submitted on behalf of a "Teaching Hospital" (or an affiliate)?
Has ICU Medical alre	eady funded the organization this year?
Has ICU Medical fur Yes □ No □	ded the organization in prior years (if so, provide details)?
Part 3	
Support Request	
Support type: ☐ Charitable Donational Gran	
☐ Other	
	cludes donations (cash or in-kind) used for a charitable or philanthropic purpose. udes donations used by an educational organization to advance an educational



Name of Activity:
Date of Activity (if applicable):
Activity Location (if applicable):
Amount Requested:
Has this event been "accredited" for continuing education credit (if applicable)?
Yes ☐ No ☐ Please describe the purpose of the donation or activity for which funding is requested:



Please describe the target audience for the donation or activity:		
Please describe how any funds received from ICU Medical will be used to support the activity:		
Part 4		
Supporting Documentation		
Required Attachments:		

Please attach the following documents upon submission of request:

- 1. Official documentation of requesting organization's tax-exempt/charitable status.
- 2. Statement of charitable mission.
- 3. Overview and agenda of educational program for educational grant requests (i.e., brochure, web address, invitation letter).

Please be advised that requests submitted without required attachments may result in delay of request review and approval.



Part 5 Certification

I hereby certify that this funding request is not related, directly or indirectly, to any past, present or future decision to use, purchase, or recommend ICU Medical products or services. Agree
Printed Name:
Signature:
Date: