



## GRANT REQUEST FORM

**Name of Organization:**  
(Payee)

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**Address:**

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Street

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City, State and Zip Code

**Tax Identification Number:**

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**Point of Contact Information:**

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Print Name

Phone Number

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Title

**Point of Contact E-mail:**

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E-mail Address

**Date of Event:**

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**Brief Description  
and Purpose of Request:**

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**The following supporting documentation must be sent with the Grant Request Form:**

**For Charitable Donation Requests:**

- 501(c)(3) Designation Letter
- Statement of Charitable Mission
- Description of Fundraising Activity and Levels of Sponsorship

**For Educational Sponsorship Requests:**

- Overview and Agenda of educational program
- Certificate of CME accreditation and Letter of Agreement under ACCME guidelines, if applicable

**Please send supporting documentation via fax, mail or email to:**

**Fax:** (610) 997-5510  
B. Braun Medical Inc  
Attention: Compliance Specialist

**Mail:** B. Braun Medical Inc  
Attention: Compliance Specialist  
824 Twelfth Avenue  
Bethlehem, PA 18018

**Email:** [grantrequests.us@bbraun.com](mailto:grantrequests.us@bbraun.com)

If the required supporting documentation does not accompany this form, your request will not be considered. The review process may take up to four weeks once the completed grant request packet is received. We cannot guarantee approval of your request.