



GRANT REQUEST FORM

Name of Organization: _____

Address:

Street Line 1

Street Line 2

City, State and Zip Code

Point of Contact Information:

Print Name

Phone Number

Title

Point of Contact E-mail:

E-mail Address

Tax Identification Number: _____

Date of Event: _____

**Brief Description
and Purpose of Request:**

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

- 501(c)(3) Designation Letter
- Description of Fundraising Activity and Statement of Charitable Mission
- 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 supporting documentation via fax or mail 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

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.