



REQUEST FOR CHARITABLE DONATION - PART A

In order to be eligible for a Charitable Donation, the recipient must be a tax-exempt organization under Section 501(c)(3) of the IRS Code.

Requests for charitable donations from Zimmer must be made in connection with a general fundraising effort by the charitable entity, rather than a request directed only to Zimmer. In addition, the request for a donation must come from the organization itself on the organization's letterhead and not from an individual, physician or healthcare professional who is not an employee of the charity. All donations are to be provided in compliance with AdvaMed guidelines.

Charitable Donations may not be based on, or related to, past, present, or future volume of business generated for Zimmer by the proposed recipient. Any evidence that suggests that the Charitable Donation or request for a Charitable Donation is tied, in any way, to past, present, or future volume of business will cause the request to be rejected and the request may not be resubmitted.

To complete this request form you will need the following information:

1. Federal Tax ID number for your organization (US)
2. Organization information, including your mission statement
3. Event Information (if applicable)
4. Valid E-Mail address for communications
5. A list of your organization's Board of Directors and Executive Officers
6. Documentation verifying 501(c)(3) exempt status (US)
7. Current IRS form W9 for Donation Recipient (US) *must match the 501(c)(3) documentation*
8. Evidence of public or private status for Donation Recipient (non US)
9. Disclosure information related to any HCP owned or controlled organization or any other known conflict of interest issues must be disclosed.

PART 1: RECIPIENT INFORMATION

Zimmer does not fund capital projects.

Donation Recipient		Tax Identification Number:
Contact Person	Name:	Title:
Address of Donation Recipient:		
Contact Person Information	Phone:	Fax:
	E-Mail:	
Payee (if different from Recipient above)		

PART 2: PROGRAM CRITERIA AND PAYMENT INFORMATION	
Charitable Purpose of the Organization:	
Description of Specific Project or Program: (Attach documentation)	
Requested Amount of Donation:	\$
Program Budget:	
Other Sources of funds applicable to the program or project:	
Description of how Zimmer will be recognized for its support:	
PART 3: DISCLOSURE INFORMATION	
Is your organization owned or controlled by a Healthcare Professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate the name of the Healthcare Professional	
Disclose Any other known conflict of interest issues here:	

Please attach the following supporting documents for consideration:

- W-9 Tax Form – Attached (US)
- Evidence of public or private status for Donation Recipient (non-US)
- Copy of the IRS 501(c)(3) designation (US)
- Current list of Board of Directors or Executive Officers
- Program budget

Return completed form and documentation to:

Zimmer, Inc. / Grants Office
 PO Box 708
 Warsaw, IN 46581-0708
 Email: tabatha.mcdonald@zimmer.com

The undersigned affirms to the best of his/her knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate and that this donation is not offered to induce use of, purchase of, or recommendation of Zimmer products by a Healthcare Professional. The undersigned also affirms that he/she is authorized to sign on behalf of the Recipient/Payee indicated above.

 Signature of Requestor

 Date

 Printed Name of Requestor

 Title of Requestor