

Application for Charitable Product Donation

Arthrex may provide product donations for charitable purposes, such as supporting indigent care, medical missions, or events where the proceeds are intended for other domestic or international humanitarian needs.

Arthrex will only provide charitable product donations to bona fide charitable organizations [registered 501(c)(3) or not-for-profit institutions] and will evaluate the charitable objectives of the organization when determining its level of support.

No direct funding will be made payable to an individual or health care professional (HCP). Arthrex does not fund capital projects.

Arthrex will not serve as the exporter of product donations to international destinations.

By submitting this application, Requestor agrees that all products donated under this request are provided solely for charitable use and shall not be sold, exchanged for monetary value, or otherwise commercialized. Any surplus or unused products must be utilized for the intended charitable purpose or disposed of in accordance with applicable laws and regulations. The Requestor agrees to maintain records confirming compliance with this restriction and agrees to provide a report detailing product usage and current inventory upon Arthrex's request.

Charitable Product Donations may not be based on, or related to, past, present, or future volume of business generated for Arthrex by the proposed recipient. Any evidence that suggests that the 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, the following information is needed:

- › Organization information including brief history, mission/purpose statement, etc. via a website link or brochure.
- › A list of your organization's Board of Directors and Executive Officers (please attach).
- › Current IRS Form W9 for grant recipient (please attach).
- › IRS tax-exemption letter of fiscal sponsor [i.e., 501(c)(3), if applicable; please attach].
- › Disclosure: information related to any HCP-owned or -controlled organization or any other known conflict of interest issues must be disclosed (if applicable, please attach).

Part 1: Recipient Information

Charitable Product Donation Requestor (Legal name of organization or institution):

Tax Identification Number:

Organization NPO# (if applicable):

Street Address of Charitable Product Donation Requestor: City, State:

ZIP:

Phone:

Fax:

Email:

Payee if Different From Recipient Above:

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Part 2: Program Details

Title of Program/Event:

Program/Event Description (attach additional information as needed):

Purpose of Charitable Product Donation:

Is this a one-time request?
Yes No

Program/Event Start Date:

Program/Event End Date:

Intended Destination (country) for Charitable Donation:
(Note: Arthrex will not provide a donation for an intended destination with an OFAC embargo.)

Number and Type of Planned Surgeries:

Type and Quantity of Product Requested: (Note: You must provide specific item names/item numbers if product donation is for international use due to Regulatory and Import/Export requirements.)

Does Requester have experience with all the requested products? Yes No

Please click File > Save As to save the completed form to your computer. Once saved, attach it to an email along with an Excel spreadsheet listing the requested products, including total quantities and AR numbers. Send the form and supporting documents to MissionRequests@arthrex.com.

