



Charitable Contribution Application

Date:		Amount Requested (Currency):					
Requesting Organization (Legal Name):							
Street Address							
City		State		Country		Zip Code	
Website Address, if available:							

Authorized Representative Information:

Last		First	
Phone		E-mail Address	
Authorized Representative Signature:			
Organization Mission or Statement of Purpose:			
Is the organization designated as a 501(c) tax-exempt entity by the IRS? (Written documentation required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Tax ID #	
Program or Event Date(s):	Program or Event Title:		
Type of Program or Event: <input type="checkbox"/> Patient Education <input type="checkbox"/> Community Education <input type="checkbox"/> Natural Disaster Assistance/Public Emergency Relief <input type="checkbox"/> Other (describe) Attach additional documents if needed:			



Program or Event Description:

(If needed, attach additional documents, e.g. Brochure, Invitation)

Describe charitable objectives, including unmet need:

(If needed, attach additional documents)

Method used to measure outcomes of Program or Event:

Program or Event Location, if applicable, e.g., city

Program or Event Venue, if applicable: Provide complete address

Anticipated Number of Participants or Individuals Served:

Proposed Audience:

Will Radius be the sole supporter of this activity?

- Yes
- No

Will any portion of these funds be used for administrative or overhead costs?

- Yes
- No

If yes, what percentage?

Itemized Budget: (Include additional documents if required)

Please include specific details about how the funds will be used for the charitable cause.



Required Documents

Please submit this application and all related documents to: charitablegivingrequest@radiuspharm.com at least 60 days prior to the event.

1. Completed Application
2. IRS Determination Letter of 501(c) tax-exempt status
3. Form 990
4. Detailed, line item Budget
5. Completed New Vendor Authorization & Change Request Form
6. Completed W-9 (W-8 for ex-U.S. applicants)

Internal Use Only:

Radius Reviewers

Function	Name	Signature	Date	Amount Approved	Denied
Corporate Affairs					<input type="checkbox"/>
Legal					<input type="checkbox"/>