



PENTAX Medical  
3 Paragon Drive  
Montvale, New Jersey • 07645-1725  
Toll-free: 800-431-5880 • Tel: 201-571-2300  
Fax: 201-391-4189

## **GRANT & DONATION REQUEST FORM**

<b>GENERAL INFORMATION</b>
ORGANIZATION/REQUESTER:
ADDRESS:
PHONE NUMBER:
CONTACT NAME AND TITLE:
PHONE NUMBER:
EMAIL:
WEBSITE:
TAX ID NUMBER (PROVIDE W9 OR IRS DOCUMENTATION):
THERAPEUTIC/DIAGNOSTIC AREA:
<b>EVENT DETAILS</b>
PROGRAM/EVENT NAME:
PROGRAM/EVENT LOCATION (please indicate in-person, virtual, or hybrid):
PROGRAM/EVENT DATE:
INTENDED AUDIENCE AND ESTIMATED NUMBER OF ATTENDEES:
EDUCATION GOAL OF PROGRAM/EVENT (include event description, objectives, and anticipated outcomes):
<b>REQUESTED SUPPORT</b>
FINANCIAL SUPPORT:
PRODUCT SUPPORT (include product name, quantity, and product number, if known):
<b>PLEASE COMPLETE THE FOLLOWING WHEN REQUESTING PRODUCT SUPPORT</b>
PRODUCT DELIVER BY DATE (if needed prior to program/event date):



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PRODUCT SET-UP OR USE ASSISTANCE NEEDED?
WILL INSTRUCTOR OR TRAINEES BE UTILIZING PRODUCTS?
HOW WILL PRODUCTS FURTHER PROGRAM/EVENT GOALS?
SHIPPING/RECEIVING CONTACT NAME, TITLE, AND TELEPHONE NUMBER (pre- and post-program/event):
SHIPPING ADDRESS (if different):
<b>SUBMISSION</b>
SUBMIT COMPLETED REQUEST FORM AND SUPPORTING DOCUMENTS TO: <a href="mailto:grant.request@pentaxmedical.com">grant.request@pentaxmedical.com</a>  Supporting documentation may include, but is not limited to, tax documentation, W9, brochures/flyers, detailed budget, program/event agenda, speaker selection/presentations, and/or program plan.