



Terumo Cardiovascular Group  
6200 Jackson Road, Ann Arbor, Michigan 48103  
734.663.4145 / 800.262.3304  
www.terumo-cvgroup.com

**Application for Grants or Donations from Terumo Cardiovascular Group**

Please use this form to apply for all research grants, educational grants or charitable contributions from Terumo Cardiovascular Group. *Please allow for several weeks for review and processing* after a request is made. Requests of more than \$5,000 require more scrutiny and more time will be needed for review and processing.

Terumo Cardiovascular Group will only approve a **research grant** if it supports genuine medical research with scientific merit, the purpose of which must be clearly documented and accompanied by a reasonably detailed proposal. Proposals should include a research protocol, schedule, milestones and output, and a research budget estimated through completion of the research objective.

Terumo Cardiovascular Group will only approve an **educational grant** if it supports genuine medical education for students, residents, or other medical personnel. Educational grants will not be made directly to individual health care providers. Educational grants may support educational conferences or public education.

Terumo Cardiovascular Group will only approve **charitable donations** to bona fide charitable organizations or, in rare instances, to individuals engaged in genuine charitable missions – but only for support of that mission.

Applications may be denied if all required information is not provided. If you have any questions please contact Terumo Cardiovascular Group at [tcvs.legal@terumomedical.com](mailto:tcvs.legal@terumomedical.com).

Type of Request:

- Research Grant
- Educational Grant
- Monetary Donation
- Product Donation

Organization Name: \_\_\_\_\_

Organization Type: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact information:

Address (street, city, state, zip) \_\_\_\_\_

\_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email/Website: \_\_\_\_\_

Organization Tax ID: \_\_\_\_\_

Is this organization a health care provider?

Yes

No

Organization type:

State & Tax ID Number

501-C-3 Charity

Other Non-Profit

Public Entity (i.e. Hospital, University, etc.)

For Profit

Other \_\_\_\_\_

Has the Terumo Cardiovascular Group previously provided support to your organization?

Yes

No

If YES, please describe (including amounts or products provided):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a list of Terumo Cardiovascular Group employees affiliated with your organization and the relationship (i.e. sales rep, volunteer, etc.), if applicable:

Name:	Title/Relationship:
Name:	Title/Relationship:
Name:	Title/Relationship:
Name:	Title/Relationship:

**Amount Requested:** \_\_\_\_\_

**Date grant or donation is needed:** \_\_\_\_\_

Please describe the purpose of the grant or donation:

Please describe in detail how the grant or donation will be used:

Additional Attachments Required:

- A completed W-9
- A detailed budget (if applicable)
- Any promotional brochures or documents outlining information/agenda/objectives (if applicable)

Please sign and initial:

The information provided in this application is accurate.  
Any donation or grant provided is unrelated to Terumo Cardiovascular Group products and will have no effect on future referrals of Terumo products.

Upon submittal of the Grant/Donation Application, Applicant certifies that all information contained therein is truthful, accurate, and verifiable.

Please print form and sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail form to:**

Terumo Cardiovascular Group  
ATTN: Legal – Grants Committee  
6200 Jackson Road  
Ann Arbor, MI 48103  
USA

**If emailing the form, scan and email to:**

[t cvs.legal@terumomedical.com](mailto:t cvs.legal@terumomedical.com)