AmerisourceBergen

# Charitable Contributions Committee
## Application for Contribution

*Our contributions program focuses on improving the mental, social and physical well-being of the elderly populations in the communities in which we operate.*

Organization Name: _____

Organization Address: _____

_____

Contact Name: _____

Phone Number(s): _____

Email Address: _____

Describe your organization, including legal name, activities, history, and purpose.
(Attachments acceptable)

Total Annual Budget:

Organization-wide: _____ Requesting location: _____ This project: _____

Please attach the following:

- Annual report or financial statement that lists sources of financial support for the organization and/or project.
- Copy of current 501(3) nonprofit, tax-exempt Internal Revenue Service determination letter.
- List of names and business or professional affiliations of organization's Officers and Board of Directors.
- Statement of the proposed project, which addresses:
  - Purpose of the project
  - Its short-term and long-term goals
  - How the request supports the ABC Charitable Contributions Mission
  - The estimated time required for project completion
  - Information on how project will be evaluated and measured
- List of AmerisourceBergen associates and Directors who currently volunteer with your organization or serve on the Board of your organization.
- Description of how AmerisourceBergen's Charitable Contributions Committee's support will be recognized.

**Funding decisions are made on a quarterly basis by the AmerisourceBergen Charitable Contributions Committee; please allow up to ninety days for a response to your request. Send your request to:**

AmerisourceBergen Charitable Contributions Committee
Attn: Kathy Katona
AmerisourceBergen Corporation
P.O. Box 959
Valley Forge PA 19482