



# CONTRIBUTION REQUEST FORM

(To be completed by Recipient Organization only)

**Name of Organization:** \_\_\_\_\_  
(Payee)\*

**Address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City, State and Zip Code

**Point of Contact Information:** \_\_\_\_\_  
Print Name Phone Number

\_\_\_\_\_  
Title

**Point of Contact E-mail:** \_\_\_\_\_  
E-mail Address

**ZetroZ Company Contact:** \_\_\_\_\_  
(If applicable, for informational purposes)

**Tax Identification Number:** \_\_\_\_\_

**NPI #:** \_\_\_\_\_  
(For Physicians & Teaching Hospitals)

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

**Contribution Type:**  Research Grant  Fellowship/Residency Support  
 Educational Grant  Charitable Donation/Charity Event

**Date of Event:** \_\_\_\_\_

**Brief Description and Purpose of Request:** \_\_\_\_\_

**The following supporting documentation MUST be sent with the Contribution Request Form:**

- 501(c)(3) Designation Letter or other documentation of tax-exempt status
- Description of Fundraising Activity and Statement of Charitable Mission, if applicable
- If educational sponsorship is requested**, overview and agenda of educational program, information about CME accreditation, and Letter of Agreement under ACCME guidelines, if applicable

Please send this form and supporting documentation for initial Compliance Department review:

**E-Mail:** [george@zetroz.com](mailto:george@zetroz.com) **Fax:** 888.202.9831

ZetroZ Systems, LLC  
Attn: Compliance Specialist

**Mail:** ZetroZ Systems LLC  
56 Quarry Rd.  
Trumbull, CT 06611

Consideration of your request may be delayed if the required supporting documentation does not accompany this form. All requests are reviewed by our Contributions Committee and the review process may take up to four weeks once the completed contribution request packet is received. ZetroZ receives funding requests in excess of its annual grants program budget, and sometimes must decline support to worthy organizations and programs. Such a response does not reflect a negative appraisal of the prospective organization or the value of its programs/services.

\* Charitable donations and educational grants/sponsorships **MUST** be payable to a third-party organizer OR an educational branch of a healthcare facility.