



Form to Request Financial Contribution to be reviewed by the Shionogi Community Action Committee (CAC)

Shionogi is committed to enriching lives in the communities where our employees work and live, by providing financial support or volunteer assistance.

We give thoughtful consideration to requests for assistance; therefore, we need advance notice of requests for funds, as well as sufficient information to understand the opportunity for our funds to be allocated to recipient organizations.

Please provide the following information to the CAC for consideration and approval:

Name of program to be funded Amount requested * Date requested

Institution to receive funds Deadline for decision

Tax ID # of institution (Please include 501C-3 verification if available)

Brief description of the organization requesting funds:

Contact at institution:

Individual submitting:

Printed name

Printed name

Phone

Phone

Address

Address

* In some cases we provide donations of our products, but these donations are generally limited to donations to facilitate well-controlled clinical studies using our products. Our general U.S. product donations are administered through the Shionogi Patient Assistance Program.

Please include with this request a full description of the program, explaining the particular use for the proposed donation, and the impact such donation will have on the program and its participants. Please indicate (if known) the institution's administrative cost percentage of donations, along with any acknowledgement of the donation that is anticipated. Feel free to include pre-printed information on the program, website references, and any ratings of the program from recognized charity rating services.

Please fax the completed form (and supporting documentation) to 678.992.1034 for processing, or e-mail it to CAC@shionogipharma.com, or mail it to Shionogi Community Action Committee, Five Concourse Parkway, Suite 1800, Atlanta, Georgia 30328.

We appreciate your interest in working with Shionogi Inc.