

Donation Request Form

**Presented by**

**Presenter Name**

Affiliated Organization Name

Organization Address

Tel:

Fax:

Email:

Charitable Registration Number

Organization Website:

**Project Name: Enter Project Name**

|  |
| --- |
| Project Information |
| Date from | Start date |
| Date to | End Date |
| Cash Budget Requested ($) | **Enter $ amount** |

|  |
| --- |
| Organization Information |
| Institution Type | Choose an item. |
| Are you also part of a Patient Organization? | Choose an item. |
| Are you also part of a Charitable Organization? | Choose an item. |
| Have you requested funds for the same project from other companies? | Choose an item. |
| If yes, please list the names and amounts requested |  |
| Please indicate the name of your Novartis internal contact: |  |
| Is your event start date flexible? | Choose an item. |
| Event/ Meeting Location |  |
| For all entities other than public institutions (hospitals, universities) Please provide the first and last name of each owner |  |
| I certify that I have uploaded the following documents:* Supporting documentation to provide evidence of the budget breakdown
* Relevant Proposal Attachments (agenda or invitation for events, documents created for projects, etc.)
 | Choose an item. |

|  |
| --- |
| Promoter Comments |
| Please provide details for your proposal. |