

Charitable Contribution Application

Each year at Agiliti, we dedicate a portion of our annual revenue to support charitable organizations and events. Any organization that wants to apply for a charitable donation or seeks sponsorship of a charitable event must complete this Form. Only requests from organizations that are currently recognized by the Internal Revenue Service as 501(c)(3) tax exempt organizations and eligible to receive tax deductible contributions will be given consideration. Note that the following areas fall outside of Agiliti's areas of giving: Customers or their affiliated foundations, individuals; religious organizations; political parties; endowment or memorial funds; and multi-year pledges.

GENERAL INFORMATION

Organization Name: _____

Organization Address: _____

Specify amount requested. If your request is for the donation of equipment or goods, please list the item or items requested in order of priority. If your request is to sponsor an event, you may respond by attaching information about sponsorship levels. _____

A description of the purpose of the donation, if applicable: _____

QUESTIONS

Is the Organization licensed or enrolled as a health care provider or supplier?

Yes No (circle one)

If Yes, what type? _____

Does the Organization participate in, receive payment from and/or bill directly or indirectly (through a subsidiary or parent organization), any federal health care program, including without limitation, the Medicare and Medicaid programs?

Yes No (circle one)

If approved, funds to sponsor an event will be issued to the entity providing the event/service, not to the applicant Organization directly. To whom and where should the funds be disbursed?

Name and Address: _____

Phone Number: _____

Contact Person: _____

What is the deadline for disbursing such funds? _____

REPRESENTATIONS

Agiliti will rely on the accuracy of the information supplied in this Application Form. In submitting this Form, the Organization represents that it will promptly notify Agiliti in writing of any changes to the

Charitable Contribution Application

information included in this Application Form and contributions made to the Organization will entitle donors to the charitable contribution deduction as provided in the Internal Revenue Code.

ADDITIONAL INFORMATION

The following additional information must be provided with this Form and is considered to be part of it.

A description of the Organization, its tax-exempt status and its purposes.

A description of the relationship, if any, between the Organization and any Agiliti corporate director, officer or employee.

CERTIFICATION

On behalf of the Organization, I certify that I have read this completed Form and that the information supplied, is accurate, complete and truthful.

Authorized Applicant Signature: _____

Name & Title (Print): _____

Phone Number: _____

Date: _____

Please mail or e-mail this completed Form to:

By mail:
Agiliti
Attention: Chief Human Resources Officer
6625 W 78th St Suite 300
Minneapolis, MN 55439

By e-mail:
Lynn.ziebell@agilitihealth.com or Robert.creviston@agilitihealth.com