



## Sponsorship or Contribution Request Form

Completed Sponsorship/Contribution Request Forms must be submitted to [Grants@herontx.com](mailto:Grants@herontx.com) at least **45 days** prior to the event date along with the following **required** documentation:

- **W-9 Form** of the requesting organization
- **Tax-Exempt Status Proof** (If applicable) IRS determination letter confirming 501(c)(3) non-profit status
- **Letter of Request.** A description of the sponsorship on the organization’s letterhead which describes the initiative and includes the amount of support sought
- **Event Agenda.** If applicable
- **Additional Materials.** All materials of the event, if applicable, including event brochures, invitations, etc.

Materials must be sent via email to [Grants@herontx.com](mailto:Grants@herontx.com). Following the submission, the Heron Grants Coordinator will follow-up to confirm receipt of the materials and communicate next steps.

Requestor Information	
<b>Date of Request</b>	
<b>Name of Requesting Organization</b>	
<b>Tax ID #</b>	
<b>Contact Person’s Name and Title</b>	
<b>Mailing Address</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Website</b>	
Funding Request Details	
<b>Funding Request Type</b>	<input type="checkbox"/> Sponsorship <input type="checkbox"/> Corporate Membership <input type="checkbox"/> Charitable Contribution <input type="checkbox"/> Other: _____
<b>Total Amount Requested</b>	
<b>Benefits Received</b> Description of incidental benefits, if any, Heron would receive in exchange	
Sponsorship Information (Sponsorships Only)	
<b>Date of Event</b>	
<b>Name of Event</b>	
<b>Location/Address</b>	
<b>Target Audience</b>	
<b>Projected # Attendees</b>	
<b>Description of Event</b>	

Contribution Information (Contributions Only)	
Purpose	
Description of the charitable cause including the organization's primary purpose of charitable events, if any	

Heron Therapeutics, Inc. is committed to compliance with all applicable international, federal and state pharmaceutical industry laws, regulations, and industry guidelines. By submitting this funding request, the requesting institution represents that it is committed to act in accordance with the above in the event that Heron decides to fund the requested sponsorship or contribution. Also, by signing below, I certify that the funding decision of this request will not affect and is not linked to the prescribing, formulary, purchasing, or reimbursement policies of the requesting organization or any affiliated organizations.

Requestor Name	
<b>Signature</b>	<b>Date</b>