

BAUSCH FOUNDATION

Charitable Product Donation Request Form

NOTE: This Request Form should be completed by any third party that is requesting a Charitable Product Donation.

To be compliant with both Company and Foundation Policies all charitable contributions must be handled through this process.

The completed Submission must be sent to apply@BauschFoundation.com for review and consideration, and all submissions must be received at least 12 (twelve) weeks prior to the need.

A submission does not guarantee an approval.

SUBMITTING ORGANIZATION:

Name of organization requesting donation (the "Requesting Entity"):

Name and Title of the person requesting the donation (the "Requestor") and Title:

Mailing Address of the Requesting Entity:

Contact information (phone, email, and website):

Type of entity making the request and include a confirmation it is a valid charitable organization; please include details on its charitable status with any confirming documentation:

Is the Requesting Entity owned in whole or in any party by a Healthcare Provider or family member of a Healthcare Provider? Yes No

If "Yes", please provide details:

Is the Requestor a Healthcare Provider? Yes No

If yes, please provide requestors full name, practice address and license number:

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NOTE: A a detailed written request must accompany this form, on the Requestor organization's letterhead, that provides information about the request and a confirmation of the organization's charitable status.

Provide below a brief description of the charitable product contribution requested (include a description of where and how the prodct or product(s) will be used):

CHARITABLE PRODUCT CONTRIBUTION REQUEST DETAILS:

Please include details in the chart below:

PRODUCT INFORMATION		QUANTITY REQUESTED
1. NDC NUMBER		
Product name		
2. NDC NUMBER		
Product name		
3. NDC NUMBER		
Product name		
4. NDC NUMBER		
Product name		
5. NDC NUMBER		
Product name		