

**PSS World Medical Inc.  
Community Charitable Request**

Date: \_\_\_\_\_ Amount of Request: \$ \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Please provide the following information with the Application:**

- ✓ 501(c) (3) letter from IRS
- ✓ Description of the Organization (include mission statement and history)
- ✓ Local Community (Geographic area) served by the organization
- ✓ Please list any PSS World Medical Inc. employees involved with your organization and in what capacity. For example: as a volunteer; serves on a committee or board; makes personal donations etc.
- ✓ List any special funding your organization receives such as government or United Way
- ✓ Indicate which "area of support" the funding will support i.e., children, community, healthcare, etc.

Please be advised that PSS World Medical, Inc. supports only charitable organizations that have 501 (c) (3) tax-exempt status from the Internal Revenue Service (IRS).

Before using the PSS World Medical, Inc. name or corporate logo in any promotional materials, we request that all charitable organization recipients provide PSS World Medical, Inc. with the opportunity to review such materials. The use of the PSS World Medical, Inc. trademark or copyrighted materials is not permitted without the prior written approval of PSS World Medical, Inc.

**Please email completed application with attachments to  
[cqprogram@pssd.com](mailto:cqprogram@pssd.com) or fax to 904.332.3349**

(When you submit your application, you will receive an e-mail confirmation. If necessary, after an initial review of your application, you may be contacted via e-mail to provide additional or missing information. You will receive notification via letter indicating whether your application has been approved or declined.)