

CORPORATE GIVING REQUEST FORM

I certify this request has not been solicited by a Salix employee.

If the certification above is not checked, please explain: _____

Charitable support from Salix can be in the form of a charitable contribution or sponsorship to an organization that has a Tax Exempt status under Section 501(c)(3) of the United States Internal Revenue Code.

Requestor Information

Name of Organization: _____

Contact Person: _____

Title: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email Address: _____

Website (if available): _____

Is this Organization a 501(c)(3) Tax-Exempt Non-Profit? Yes No

Name of Person Completing Form: _____

Organizational Mission or Statement of Purpose: _____

Charitable Objectives: _____

Additional Information

Request Type:

Donation

Event Sponsorship

Other: _____

Amount Requested: _____

Min. Amt. (\$)

Max. Amt. (\$)

Title of Program (if applicable): _____

Date of Event, Program (if applicable): _____

Purpose of Program or Event: _____

Describe the charitable cause, event, and funding request in detail, including how financial support will be used: _____

Supporting Documentation (check those included)

Salix Corporate Giving Request Form

W-9 Form

Supplemental Documentation

Charitable Objectives

Letter of Determination Stating 501(c)(3) Tax-Exemption Status

Please return this complete form and all supporting documentation through one of the following:

Email: corporategiving@salix.com

Fax: (919) 862-1033

Mail: Salix Pharmaceuticals, Inc.

Attn: Corporate Giving

8510 Colonnade Center Drive

Raleigh, NC 27615