



Thank you for your interest in Henry Schein Cares, the global corporate citizenship program of Henry Schein, Inc. (Nasdaq: HSIC) This unique initiative works to help reduce disparities in healthcare delivery, access and information in underserved communities by providing resources to support the programs of community-based healthcare professionals.

Through Henry Schein Cares, eligible organizations receive a broad selection of healthcare products and supplies that have been returned to the Company's inventory. All products are new and usable, although in many instances may be imperfectly packaged. Each selected clinic typically receives donations of large product pallets, valued between \$5,000 and \$25,000, throughout the course of the two-year program cycle. The only expense incurred by selected clinics is the cost of shipping.

Clinic selection is competitive; however, Henry Schein Cares considers a number of factors including, but not limited to: the size of community served, the number of healthcare professionals, the ability to use and dispense a large volume of supplies, and the organization's compatibility with the Henry Schein Cares mission. All selected clinics must be certified nonprofit groups.

Organizations that wish to receive product from the program should complete the enclosed application and include the following documentation:

- A signed copy of the Henry Schein Cares Global Donations Program agreement
- A signed copy of the Henry Schein Cares Affidavit of Purpose
- A letter of recommendation from a licensed healthcare professional
- A copy of the organization's annual report or brochure/other organizational literature
- A copy of IRS determination letter
- A copy of current IRS Form 990 or equivalent tax return
- A completed list of the requested product profile

Please note that the program typically does not accommodate requests for specific products or items.

We look forward to receiving and reviewing your completed application, and thank you again for your interest in the Henry Schein Cares Global Donations Program.

II. Requesting Organization Tax Status

- Tax exempt, 501(c)(3) charitable organization Fed. Tax ID Number _____
(Include copy of IRS determination letter)
- Governmental tax-exempt unit Other, please specify _____
(Include verification) (Include verification)
- What is the average income of your patients? _____

Fiscal Sponsor

If your organization is not a 501(c)(3) or equivalent entity, please ID your fiscal sponsor.

| | | | |
|---------------------------------------|-------------|-----------------------------|-----------|
| Name of Sponsoring Organization _____ | | Federal Tax ID Number _____ | |
| Address _____ | City _____ | State _____ | Zip _____ |
| Telephone _____ | Fax _____ | E-mail _____ | |
| Contact Name _____ | Title _____ | | |

III. Organizational Information

Mission Statement _____

States OR Regions where materials and supplies will be utilized (list all that apply):

Describe your organization's services:

- Comprehensive Medical and Dental Dental Only Veterinary

Ethnicity of population served: All races African-American Latino
 Native American Asian (specify): _____ Other (specify): _____

Population to be served (e.g., Children, Elderly, Migrant Workers, etc.): _____

Number of patients to be served annually: _____

Number of healthcare professionals employed in each category: _____

Organization operating budget for current year: \$ _____

What percentage of your budget or dollar amount is allocated for purchasing supplies and materials? _____

How did you learn about this program? _____

IV. Statement of Need

On a maximum of three pages, please include information about your organization and the services you provide. Tell how the supplies from this program will enhance or expand your organization's ability to provide services for your clients. If you have more than one clinic associated with your organization, please list locations and contact people.

V. Please indicate the materials and supplies you need most for ALL the clinics you represent:

Dental:

- Acrylics and Reline Materials
- Alloys and Accessories
- Anesthetics
- Burs and Diamonds
- Cements and Liners
- Cosmetic Dentistry Materials
- Diagnostic Tests and Instruments
- Paper Products and other Disposables
- Hygiene and Preventative Products
- Hypodermic Supplies and Sharp Containers
- Infection Control Products
- Instruments
- Laboratory Products
- Pharmaceuticals
- Prescription Drugs (No controlled substances/class drugs)
- Vitamins and Supplements
- Soaps and Cleaners
- Uniforms
- Waxes
- X-ray Products
 - Film
 - Developers and Fixers
- Other: _____

Medical:

- Blood Collection/Lab Products
- Diagnostics Test Products
- Exam Room Supplies
- Equipment & Accessories
- Bandages, Tapes, Gauze & Dressings
- Gloves
- Infection Control Products
- Needles & Syringes
- Orthopedic Products and Casting Materials
- Pharmaceuticals
- Surgical Instruments
- Sharps Containers
- Sutures
- Table Paper
- Urological Products
- Vaccines
- Vitamins and Supplements

Veterinary:

- Blood Collection/Lab Products
- Diagnostics Test Products
- Exam Room Supplies
- Equipment & Accessories
- Bandages, Tapes, Gauze & Dressings
- Gloves
- Infection Control Products
- Needles & Syringes
- Orthopedic Products and Casting Materials
- Pharmaceuticals
- Surgical Instruments
- Sharps Containers
- Sutures
- Table Paper
- Urological Products
- Vaccines
- Vitamins and Supplements
- Heartworm Preventative
- Parasite control - Flea/tick medications
- Anthelmintics-Dewormers
- Veterinary Dental Material
- Shampoos and Conditioners
- Veterinary Vaccines
- Veterinary Specialty Products—ID bands, restraint bags & poles, pet carriers, food trays, mussels
- Diagnostics

VI. Attach and include the following documentation with this application

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Please forward your application and attached information to:

Henry Schein Cares
Attn: Dewi Wijaya
Henry Schein, Inc.
135 Duryea Rd.
Melville, NY 11747

Date: _____



Affidavit of Purpose

As part of the Henry Schein Cares donation process, we request that recipients sign and return this Affidavit of Purpose to:

Henry Schein Cares
135 Duryea Rd
Melville, NY 11747
Attn: Dewi Wijaya

“We understand that Henry Schein, Inc., as an American corporation, must abide by United States laws regarding embargoes, economic sanctions and other restraints on doing business with certain persons, organizations and countries designated by the United States government as either (1) promoting terrorism or (2) otherwise engaged in conduct deemed contrary to American interests. This includes, but is not limited to, persons, organizations, or countries so designated on the United States Department of Treasury, Office of Foreign Asset Control, Embargoed Countries List or Specially Designated Nationals (SDN) List.

We represent to Henry Schein that none of the humanitarian aid sent to us for distribution will be knowingly distributed, directly or indirectly, to any person, entity or country so designated. We further promise to take all reasonable steps to ensure compliance with the representations contained herein.”

Signed by:
(Please Print Name)

Organization Name:
