

UCLA Health Sciences Development: COMMERCIAL CO-VENTURE INTEREST FORM

Company name: _____

Company address: _____

Company overview: _____

(As applicable)

Geographic scope: _____

Estimated number of employees: _____

Number of stores: _____

Annual revenues: _____

EIN: _____

Company Contact: _____

Phone: _____ E-mail: _____

Website: _____

Dates of promotion: _____

Location of promotion (promotions outside of the State of California may be subject to additional restrictions): _____



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Brief description of commercial co-venture:

Which area of UCLA Health Sciences will the promotion support?

How do you plan to publicize and market the promotion?

Please check the type(s) of promotion income:

- ☐ Percentage of proceeds from a specified product
- ☐ Percentage of proceeds for a specified time period
- ☐ Flat contribution
- ☐ Other (describe) _____

Estimated minimum and maximum donation that will be contributed to UCLA Health Sciences.

(min.) _____ (max.) _____

Are there any other beneficiaries of this promotion? If so, what is the percent of proceeds designated for each beneficiary?

Has your company ever executed a similar campaign with another charitable entity? If so, what was the campaign and organization?

