LivaNova

Health innovation that matters

CYBERONICS, INC.
Charitable Donation Request Form
CYBERONICS POLICY

Cyberonics, Inc. is committed to supporting charitable endeavors that are consistent with the Company's mission to improve the lives of people touched by epilepsy, depression and other chronic disorders that may prove to be treatable with our patented VNS Therapy™. Cyberonics is also committed to compliance with all applicable laws and regulations, as well as our Business Practice Standards and policies. To view the Cyberonics Business Practice Standards, including the sections related to grants and donations, go to http://www.livanova.cyberonics.com/about/corporate-compliance and select "Business Practice Standards." ***The criteria governing the award of Cyberonics' grants and donations are intended to ensure that support for activities is never tied to the past or future use of our VNS Therapy™.***

GENERAL PROCESS

In order to request a charitable donation from the Company, please follow the process outlined here:

1. Fill out the Charitable Donation Request Form completely and submit the Form and all required documentation to the Company's Grants and Donations Administrator by mail, e-mail or facsimile (see box below).
2. All completed requests for charitable donations will be reviewed by Cyberonics' Grant and Donation Review Committee on a quarterly basis. Please note that incomplete requests or requests received after the submission deadline will not be reviewed. In accordance with our Business Practice Standards, Cyberonics can not approve a donation request for an event that has already occurred. A donation request for a specific program ***must*** be reviewed and approved prior to the date of the program.
3. The Company will acknowledge receipt of your donation request via email or facsimile within two weeks of receipt. ***Cyberonics reviews requests for grants and donations on a quarterly basis in accordance with the schedule set forth below.*** As a general rule, donations will only be considered during the review meeting immediately preceding the quarter in which they occur. Grants and donations requested in support of general operations and not tied to a specific event will be considered when the completed request is received. Please note that applications can be submitted at any time, however they will only be considered during the review meeting immediately preceding the quarter in which the event (if any) the donation is intended to support occurs.

Submission Deadline	Event Date
Second Thursday of October	January, February, March
Second Thursday of January	April, May, June
Second Thursday of April	July, August, September
Second Thursday of July	October, November, December

4. If you have any questions regarding a request for a charitable donation, please contact the Grants and Donations Administrator by e-mail at grants@cyberonics.com.

Mail, email or fax completed requests to:

Grants Administrator	
Cyberonics, Inc.	
100 Cyberonics Boulevard	E-mail: grants@cyberonics.com
Houston, Texas 77058	Facsimile: 281-283-5585

REQUESTOR INFORMATION

Name: _____

Position/Title: _____

Primary Institution: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternative Phone: _____

Fax: _____ Email Address: _____

Relationship to receiving organization: _____
(Describe nature of relationship and note specifically if you are on the Committee, receive compensation from, or have an investment interest in the receiving organization.)

PROPOSED RECEIVING ORGANIZATION *(if other than Requestor)*

Full legal name of recipient: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tax ID Number _____

Name of employee responsible for Donation: _____

Position/Title: _____

Phone: _____ Alternative Phone: _____

Fax: _____ Email Address: _____

Relationship to requesting organization: _____

Charitable Donation

1. Proposed amount of Charitable Donation: _____
2. Description of how the contribution will be used (if made in connection with a patient education event): _____

   _____

   _____

   _____.

Date of event, if applicable: _____

INFORMATION WHERE DONATION SHOULD BE SENT IF APPROVED

Name: _____

Position/Title: _____

Street Address: _____

City: _____ State:_____Zip: _____

Phone: _____Alternative Phone: _____

Fax: _____Email Address: _____

Internal Use Only:

Date Submitted:	Date Proposal was Complete:	Date of Committee Review:
_____	_____	_____