



Inspired by **patients.**  
Driven by **science.**

December 6, 2019

Charles Umeh  
13 Oraukwu Crescent  
Nkpor, Idemili-North  
Anambra, Nigeria

Dear Charles:

UCB provides charitable giving to support the overall missions of specific non-profit organizations aligned with our mission to improve the lives of people living with severe diseases and to build strong communities in areas where UCB operates. This donation is part of UCB's Health Bones Healthy Aging Challenge and the request of a challenge winner to donate to you.

I am pleased to inform you that your organization, **Parkers Mobile Clinic**, has been approved to receive a charitable donation for 2019 in the amount of **\$200** for general mission support.

To receive these funds, please visit [erequest.ucb.com](http://erequest.ucb.com) as soon as possible and follow the enclosed instructions to complete the application and ensure payment. You will have to register on the site and upload this letter as part of the process.

Thank you for the work your organization does to have a positive impact on the community. We are pleased to support your ongoing efforts.

Sincerely,

A handwritten signature in black ink, appearing to read 'Allyson L. Funk', written in a cursive style.

Allyson L. Funk  
Head of U.S. Communications and Public Affairs  
UCB, Inc.

## **DONATION SUBMISSION INSTRUCTIONS**

**Register at [www.erequest.ucb.com](http://www.erequest.ucb.com) if your organization is not already registered.**

System Instructions and FAQs are available at [www.erequest.ucb.com](http://www.erequest.ucb.com) to assist you in navigating the registration and application screens. Please email [funding@ucb.com](mailto:funding@ucb.com) if you require further assistance.

Once registered and logged in, submit a *New Request*.

For the question, *What is the primary intent of the support requested?*, select 'Other type of support'.

In the field, *Request Title*, write "Mission Support" in accordance with attached letter of support.

For the field, *Support Type*, select Funds.

In the field titled, *Requested Amount*, enter the amount specified in this letter.

For the *Therapeutic Area/Indication* questions, either choose the selection aligned with your request/organization, or select Other and write "Not applicable" in the space provided.

In the field titled, *Support Description*, write "Mission Support" in accordance with attached letter of support.

For the question, *Is this request linked to an event with a venue?*, select No.

There are two required document attachments:

1. Supporting Documentation: Please upload this UCB letter of intent.
2. W-9 Form for Payee

Be sure to click *Submit* once you have completed all required application fields. The requestor email address will receive an automated submission confirmation.

**Please note that acceptance of a Donation Agreement will be required.**