



**Memorial Healthcare Foundation
Automated External Defibrillator Donation Request**

Name of Organization	
Name of Representative	
Address	
Phone	
Email	
<p>1. Please describe the facility in which the AED will be placed and the number of users of that facility.</p>	
<p>2. Does your organization have other working AEDs placed in your facilities? If so, how many? What experience can you share about their maintenance and use?</p>	
<p>3. Please describe the means by which Memorial Healthcare Foundation will be acknowledged for its donation of the AED to your organization.</p>	
<p>As a condition of accepting the donated AED, the selected organization will be asked to sign an agreement that will hold Memorial Healthcare, the Foundation, and its representatives harmless for the installation, training, maintenance, use, and result of utilization of the donated AED. By signing below I acknowledge the expectation to sign such an agreement as a condition of the receipt of the donated AED, should my organization be selected as a recipient.</p>	
Name	
Date	