

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) APPLICATION

Thank you for your interest in our organization. Our mission is to save lives by reducing the incidence of Sudden Cardiac Death that kills more people than many major cancers combined. We do this through public awareness, education, support of research, and distribution of AED's. If you are interested in receiving an AED, please complete the following simple application and provide us a copy of your IRS designation letter. AED donations through S.C.A.R.F. are limited to Illinois nonprofit organizations only. Once we review your initial application we will contact you.

NAME OF YOUR ORGANIZATION: _____

CONTACT PERSON: _____

TITLE: _____

ADDRESS: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL: _____

PLEASE TELL US ABOUT YOUR ORGANIZATION:

REASON FOR REQUEST:

NUMBER OF AED'S THAT YOU CURRENTLY HAVE: _____

AVERAGE NUMBER OF PEOPLE THAT ARE IN YOUR FACILITY ON A TYPICAL DAY: _____

Please note that once your initial application has been reviewed, we will contact you to get further information. If your organization is selected to receive an AED from S.C.A.R.F., you must sign a S.C.A.R.F AED Donation Agreement prior to receiving the AED.