



Automated External Defibrillator (AED) Request Form

Clackamas Emergency Services Foundation

Facility Information

Attention AED Program Coordinator:

We are writing to inform you that as part of our commitment to the health and wellbeing of our employees, clients, and visitors we are requesting funding for an AED device for our facility in order to partner with Clackamas Emergency Services Foundation's AED initiative.

Facility Name and Site Address: [Attach a separate sheet for each facility]

[_____]

Contact Name: _____ Contact Phone: _____

Contact Email and Mailing Address: _____

Our Site is classified as a :

- School Recreation Facility Government Office Corporate Workplace
- Manufacturer Retail Establishment Medical Facility Other

Name to whom AED reimbursement check should be made payable:

[_____]

Requesting Party's Signature

Date

*Please submit AED Request Forms to : Clackamas Emergency Services Foundation

Attn: Deidre Toczyski
11300 SE Fuller Road
Milwaukie, OR 97222
FAX to 503-742-2648
Email to deidre.toczyski@clackamasfire.com

Clackamas Emergency Services Foundation Approval

- Approved Deferred

Funding: OP. Lifeshock \$ _____ Found. Grant \$ _____ Foundation \$ _____

Private \$ _____ Other \$ _____ TOTAL \$ _____

Comments:

AED Program Coordinator Signature

Date