



Clackamas Emergency Services Foundation

Automated External Defibrillator (AED) Request Form

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: Kyle Gorman
11300 SE Fuller Road
Milwaukie, OR 97222

Clackamas Emergency Services Foundation Approval

Approved Deferred

Funding: OP. Lifeshock \$ _____ Found. Grant \$ _____ Foundation \$ _____
 Private \$ _____ Other \$ _____ TOTAL \$ _____

Comments:

AED Program Coordinator Signature

Date