



# 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: Deidre Toczyski  
 11300 SE Fuller Road  
 Milwaukie, OR 97222  
 FAX to 503-742-2800  
 Email to [deidre.toczyski@clackamasfire.com](mailto: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*