



Automated External Defibrillator Donation Request Form

Date:	
Organization Name:	
Organization's Address:	
Type of Organization (examples – school, little league, soccer club):	
Number of Months per year Organization is active:	
Is Organization a 501[c] [3] non-profit organization?	
Organization's Representative:	
Representative's Email Address:	
Representative's Telephone Number:	
Ages and Number of Children/Youth Served:	
Will AED be located at a central location? Please list the facility location.	
How many people will be trained in CPR/AED?	
Will you invite the Matthew Krug Foundation to speak to your organization?	
Comments:	