



Gable Heart Beats Foundation AED Donation Application

Please email application back to: gableheartbeatsfoundation@gmail.com

Date: _____

(Please Print)

Applicant's Name

First Name: _____ Last Name: _____

Name of Entity Applying for the AED: _____

Applicant's Email Address: _____

Applicant's Phone Number: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

How many AEDs are you applying for: _____

Will you have a dedicated person to maintain the AED? _____

Will you provide training to staff to know how to operate an AED? _____

How many people will benefit in having an AED (for example, 2,000 kids are at our high school) _____

Do you already have an AED for your school/club/gym/etc? (yes/no) _____ If "Yes", how many AEDs do you have already? _____

Please describe in detail why you are applying for an AED and where will it be placed: