

Al Kanser AMA AED Save A Life Grant Preview

Attention: This document is to show you everything that will be asked and all of the documents that you will need ahead of time.

It is **NOT** to be filled out and mailed in. The only applications that will be accepted will be those submitted online.

CLUB INFORMATION

Club Name: _____

Club Number: _____

Club District (Select one option):

- District I
- District II
- District III
- District IV
- District V
- District VI
- District VII
- District VIII
- District IX
- District X
- District XI

Club President: _____

Club Address:

Street:

Line 2:

City:

State:

Zip code:

APPLICANT INFORMATION – This section asks for information about the club officer completing this application.

Club Officer Name: _____

Club Officer Position: _____

Email: _____

Phone Number: _____

MAILING INFORMATION FOR CHECK – This section asks for where your check should be mailed to in the event you are awarded a Take Off and Grow Grant.

Club Officer Name: _____

Mailing Address:

Street:

Line 2:

City:

State:

Zip code:

PURCHASE INFORMATION

Date of Purchase: _____

Attachment: Please upload a photo of the receipt from your AED purchase

How did you hear about the Save A Life Grant? _____

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