



CPR Savers
& FIRST AID SUPPLY®

AED Grant Request Form

Thank you for your interest in the CPR Savers AED Grant Program.

Please complete the following form and submit it via fax, email, or mail.

Mailing Address: CPR Savers and First Aid Supply
7904 E. Chaparral Road STE
A110-242
Scottsdale, AZ 85250

Email: training@CPR-Savers.com
Fax: 480-525-8570

Please provide the following information on the organization or individual requesting information:

Last Name:

First Name:

Title:

Company/Institution:

Department:

Address:

Address 2:

City:

State/Province:

Postal Code/Zip:

Country:

Telephone:

Fax:

Email:

Product and Placement Information:

1. Number of AEDS needed:

2. Brand of AED requested: *Check the box next to the brand of your choice*

- | | |
|--|---|
| <input type="checkbox"/> HeartSine samaritan | <input type="checkbox"/> Zoll |
| <input type="checkbox"/> Philips | <input type="checkbox"/> Cardiac Science |
| <input type="checkbox"/> Defibtech | <input type="checkbox"/> Physio-Control (Medtronic) |

3. What type of location will the AED be placed? *(i.e. public, office, etc.)*

4. What type of accessories will you need? *Check the box next to what you will need*

- | | |
|---|--|
| <input type="checkbox"/> Extra Battery | <input type="checkbox"/> Wall Cabinet |
| <input type="checkbox"/> Extra Adult Pads | <input type="checkbox"/> Wall Bracket |
| <input type="checkbox"/> Extra Child Pads | <input type="checkbox"/> Carrying Case |
| <input type="checkbox"/> Wall Sign | <input type="checkbox"/> Fast Response Kit |
| <input type="checkbox"/> Other | |

5. Do you currently have any AEDs in your facility?

6. Have you been offered an AED Grant before?

7. Will AED Program Management be needed? *(For example: Our online software tracks all the necessary AED maintenance, expiration of pads & batteries, and employee training to ensure both the equipment and staff are rescue ready)*

8. Will CPR/First Aid/AED Training be needed? *(CPR Savers offers on-site training)*



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