



Heroes Foundation NJ

P.O. Box 71

Rosenhayn, NJ 08352

HeroesFoundationNJ@gmail.com

"Keeping the friendship of heroes together for a lifetime."

AED Recipient Application Form

Thank you for your interest in receiving an AED for your organization and for contacting the Heroes Foundation NJ. Our mission is to promote awareness and provide lifesaving training and equipment to combat sudden cardiac arrest. Please complete this application and submit to the Heroes Foundation NJ and a member will be in contact with you.

Application Contact

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Non-Profit / Institution Information

Name of Non-Profit: _____

501 (C)(3) Number: _____

Other Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

1. Does your organization currently have an AED? Yes No
2. What is the average amount of people at your location at any given time? _____
3. Would your organization be interested in CPR / AED training that could be performed at your facility? Yes No
4. Will your organization notify local EMS of the AED placement? Yes No

The Heroes Foundation NJ will only provide life saving devices and training to approved non-profit organizations. However, our overall goal is to provide awareness. We can assist any organization with the purchase of their AED by including it in our "bulk" purchase to obtain discounts for Heroes along with your organization. Please contact us for details.

Please remit application via email to: HeroesFoundationNJ@gmail.com

or

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