



CPR Manikin Donation Program Grant Application

GCADA Member Sponsor

Dealership Name _____

Address _____

Authorized Representative _____

Phone _____ Email _____

Grant Recipient – Organization

Organization Name _____

Address _____

Representative Name and Title _____

Phone _____ Email _____

How long has your organization provided CPR training? _____

Number of people to be trained annually: _____

CPR Manikins

Please select one only:

☐ Little Anne QCPR

☐ Little Junior Four Pack

☐ Little Anne QCPR Four Pack

☐ Baby Anne

☐ Little Anne AED

☐ Baby Anne

☐ Little Junior

See www.laerdal.com for details.