



# 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](http://www.laerdal.com) for details.