



Rush Copley Foundation



AED Donation Request Application

Thank you for your interest in applying for a donated automated external defibrillator (AED). The Fox Valley Heart Fund at Rush Copley is pleased to offer these life-saving devices to non-profit organizations located within the communities that we serve in the Greater Fox Valley Area. The program is entirely funded by contributions received from Rush-Copley employees, patients and community members.

To help us understand your organization’s needs, please complete this questionnaire and return it to Maryll Moon, maryll.moon@rushcopley.com. One AED will be awarded per quarter. Requests typically exceed the number of units available, and approval is based on needs and funds.

If you have questions about this application or the Fox Valley Heart Fund’s AED donation program, please call Maryll at 630-978-4984.



Organization or Facility Name _____

Mailing Address _____

City, State, Postal Code _____

Organization Contact Name _____

Contact Phone Number _____ Contact e-mail _____

Ensure you have answered “Yes” to all these requirements before proceeding:

- o Yes. Can your facility commit to having a designated contact (or contacts) oversee the administrative aspects of AED ownership? (e.g., making sure that the device is checked monthly, ensuring that people are trained on a yearly basis to use the device and replacing batteries and pads as needed) Rush-Copley Medical Center will provide training in the use of the AED.
o Yes. Do you have a budget that will cover these expenses (Every 2 to 2.5 years pads replaced - \$59 each. Every 4 years battery replaced - \$149)
o Yes. Are you a non-profit organization?
o Yes. Our organization is willing to share non-confidential information on AED(s) deployments/lives saved.

Please answer the following:

Yes / No. Have there been cases of cardiac arrest in this facility in the past 5 years?

Yes / No. Are you willing to install a (provided) donor recognition plaque next to the AED?

Yes / No. Are there currently any CPR/AED trained individuals within your organization?

Current number of AEDs already installed in your organization. _____

- What makes your organization or site a priority recipient of an AED from this program?

- Describe any financial constraints that prohibit the organization from purchasing a unit.

- Have you established a “safety-protocol” within your organization? If so, briefly describe.

- On average, how many members of the public will use your site on a daily basis? Primarily children or adults?

- Briefly describe the setting where the AED will be located. (e.g., open all year or seasonal? indoors or outdoors?)

I have read and completed the application, and understand that if chosen, this will be a one-time donation. Our organization will schedule a training session with Rush-Copley Medical Center within three months of installing the AED, and be responsible for maintaining it after its placement in accordance with regulations.

Printed Name _____ Title _____

Signature _____

Please return completed application to:
Maryll Moon, CFRE
Development Officer -- Grants and Research
Fox Valley Heart Fund/Rush-Copley Foundation
2000 Ogden Ave.
Aurora, IL 60504
Office: 630-978-4984
Fax: 630-375-2833
maryll.moon@rushcopley.com