



The Mikey Network

APPLICATION

Part A - Applicants Information

Name of Organization

Contact Name

Address

City/Town Province

Postal Code

Tel # Fax #

Website Address

E-mail Address

Please Check the category your organization belongs to:

Public Department

Private Industry

Charity Charity Registration #

Date of Submission

Part B - Information

Number of Mikey units (Public Access Defibrillators) requested

Locations: 1 2

3 4

Part C - Summary

Please attach a brief summary of the aims and objectives of your organization.

As a member of The Mikey Network list or outline the fundraising events, sponsorships & educational programs you are interested in organizing to further promote Mikey's Mission.

Please return Completed form to: **The Mikey Network**
245 Yorkland Blvd. Suite 100
Toronto, Ontario
M2J 4W9

FOR OFFICE USE ONLY

Recommendation:

Request accepted (#) Mikey(s) to be placed

Application deferred Request denied

Donation fits within current budget

Notes: