



## APPLICATION FOR DONATION

Date of Application \_\_\_\_\_

Name of person making request \_\_\_\_\_

Child's Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Name of child \_\_\_\_\_

Names of primary caregivers \_\_\_\_\_

Age of child \_\_\_\_\_ Diagnosis \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_ Name of child's doctor \_\_\_\_\_

Caregiver Contact Phone Numbers \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Annual Combined Income of parents/caregiver \_\_\_\_\_

Current Employer(s) of Parents/Caregiver \_\_\_\_\_

# APPLICATION FOR DONATION

## DONATION REQUESTED (circle one)

GPS SYSTEM

PROJECT LIFESAVER SYSTEM

PAYMENT TO QUALIFIED VENDOR

(doctor/lawyer/dentist/swim lessons)

OTHER (describe below)

Name of Vendor \_\_\_\_\_

Contact name and telephone number (if applicable) \_\_\_\_\_

Use this space to briefly describe your request and how a donation from Christopher's Voice will help the child. Use additional pages if necessary. Donations are awarded to autistic children under 21 living at home.

**LIABILITY** – I waive and release any and all claims against Christopher's Voice, its officers, agents and employees with respect to any and all injury, disability, death, loss or damage to property resulting from possession, use or misuse of the donated equipment and/or services, regardless of the cause and even if caused by negligence, whether passive or active. I agree not to sue Christopher's Voice, its officers, agents, employees or vendors associated with this donation, on the basis of these waived and released claims.

I will defend, indemnify and hold Christopher's Voice, its officers, agents, vendors and employees, harmless from and against any and all liability, loss, damages, claims, and attorney's fees that may be suffered as a result of accepting this donation.

I assume full responsibility for all risks arising directly or indirectly from my possession, use or misuse of the donated equipment or services, both known and unknown, regardless of the cause.

Christopher's Voice does not provide instructions, any technical support or customer support, repairs, replacement parts for any donated equipment or services, unless otherwise agreed to by Christopher's Voice. Please contact the vendor directly for support. Christopher's Voice is not making any representations, warranties, or guarantees about the donated equipment or services, including any implied warranties of merchantability and/or fitness for any purpose.

I have read and understand the terms of this agreement. I understand that this agreement covers each and every item donated and received. I sign it freely and voluntarily.

Name of caregiver/parent \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Please email this completed form to [christophersvoiceNR@gmail.com](mailto:christophersvoiceNR@gmail.com)