
FUNDING REQUEST FORM

Please read and follow all the guidelines to ensure your request is process as quickly as possible.

APPLICANT INFORMATION (PERSON WITH CEREBRAL PALSY)

Name:

Address:

City:

Postal Code:

Phone:

Email:

Cell:

WERE YOU ASSISTED IN COMPLETING THIS APPLICATION? MAY WE CONTACT THEM ON YOUR BEHALF?

No Yes Name:

Address: As above

City:

Postal Code:

Phone:

Email:

Cell:

FUNDING REQUEST DETAILS | What is the request for?

Equipment description:

Brand Name:

Model:

Cost:

Shipping (if applicable): \$

Total Cost: \$

Amount requested:

* Require information

PLEASE PROVIDE A BRIEF DESCRIPTION HOW THIS FUNDING WILL ASSIST YOU

EQUIPMENT SUPPLIER INFORMATION | QUOTE #1

Company:		
Address:		City:
Phone:	Sales Agent:	
Quote: \$	Web site:	

EQUIPMENT SUPPLIER INFORMATION | QUOTE #2

Company:		
Address:		City:
Phone:	Sales Agent:	
Quote: \$	Web site:	

Please email the form along with your 2 quotes to:

info@edmontoncp.com

* Require information