



The M.O.R.G.A.N. Project

Making Opportunities Ready Granting Assistance Nationwide

www.themorganproject.org

Equipment/SUPPLIES Donation request

PLEASE TYPE OR PRINT NEATLY. DO NOT LEAVE ANY SECTION INCOMPLETE.

Mail completed application to: The M.O.R.G.A.N. Project
Equipment Donation Request
3830 S. Hwy. A-1-A
Suite C4, #153
Melbourne Beach, FL. 32951

EQUIPMENT REQUEST# _____ (To be provided by The M.O.R.G.A.N. Project upon receipt)

Applicant

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Alternate Phone: _____
Fax #: _____ Email Address: _____

Child

Name: _____ Gender: (Male/Female) _____
Age: _____ Date of Birth: _____ Height: _____ Weight: _____
Applicant's Relationship to this Child: _____
Diagnosis/Disability: _____
Primary Physician: _____ Phone: _____

Is this Child covered by Insurance or Medicaid? (yes/no) _____

If yes, name of coverage: _____ Policy # _____

Other Funding

Have all other sources for funding from insurance, Medicaid, Local, State and/or Federal programs been applied for? (yes/no) _____

EQUIPMENT REQUESTED: _____

BRIEF STATEMENT: (Please indicate how item(s) will improve quality of life for your child) _____

By my signature below, I acknowledge that the donated equipment may have been previously used, and is in "As Is" condition. Upon receipt of the requested items, I will release The M.O.R.G.A.N. Project from all liability regarding the use and/or repair of these items. When my child no longer requires the use of these items, I will consider donating them back to The M.O.R.G.A.N. Project so another family can benefit from their use in the future.

Signature of Applicant: _____

Date: _____