HEALTH MINISTRY RESOURCE LOAN AGREEMENT

Instructions: All items are offered on a first-come-first-served basis. Submit this application with a $150.00 refundable deposit 8 weeks prior to your event. AWHN does not cover the cost of shipping, you will receive a bill for shipping costs, or opt to schedule free pick-up during normal business hours. Upon return of the items $150, minus the cost of replacement, will be refunded to your organization if all items are in good and working condition.

For more information please call (610) 685-9900.

Organization: _____ **Date Requested:** _____

Address: _____

Items Requested

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Responsible Person: _____

Phone: _____ **Email:** _____

Date Needed: _____ **Return Due Date:** _____

☐ **Please ship to the Above Address** ☐ **Items will be picked up at AWHN**

Pick Up Date/Time:

_____

☐ I have read and understand and agree to the Health Resource Loan Policy. Furthermore I take responsibility for the items borrowed and agree to pay for the replacement cost in the event of damage or loss.

☐ I assume the responsibility and liability for the use of the equipment on loan from AWHN.

_____ _____

Signature **Date**

For Office Use

Items picked up by: _____

Returned/Notes: _____

_____

_____