

Personal Assistive Device (P.A.D.) Request Form

This is a fillable PDF form. You can:

- 1) Fill it out electronically, then save it (using the "Save as PDF" option in the print dialog), rename it, attach it to an email message and send it to [info@pos-abilities.org](mailto:info@pos-abilities.org)
- 2) Fill it out the details below, print it and mail it to us at the address noted above.

THANK YOU FOR YOUR DONATION!

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Phone Cell: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

Are you a Langley Pos-Abilities Society Member?      Yes      No

What category of equipment are you donating?

Crutches		Power Chair	
Bed Rail		Mobility Scooter	
Bath Rail		Electric Wheelchair	
Toilet Booster Seat		Walker	
Manual Wheelchair		Toilet Grab Bars	
Bath chair/bench		Other (Specify)	

DETAILS (Please give us as many details as possible, eg. "Powerchair for tall heavy adult, needs new battery", or "Scooter in nearly new condition for small adult; has carrier basket and sunshade"). We will be contacting you to arrange for pick up:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Colour: \_\_\_\_\_

Additional Equip./Accessories: \_\_\_\_\_

Estimated value of donation: \_\_\_\_\_

Tax Receipt:      Yes      No

We take your privacy very seriously; your information is not shared with any other agency or organization without your written consent.