



HEALTH MINISTRIES 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 may choose to receive a bill for shipping costs or schedule a free pick-up during normal AWHN business hours. Upon return of the items, minus the cost of replacement, \$150.00 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, understand, and agree to the Health Resource Loan Policy. Furthermore, I take full 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: _____

