Wheelchair Lending Agreement

In the interest of tracking the Civitan Club's wheelchair inventory, the applicant or their agent are requested to complete the following information.:

Please Print

By accepting this wheelchair, I certify that one of the following applies:

Please place an X in one of the following:

I **am not** covered by any private, federal, or state healthcare plan.

My healthcare plan **does not** provide for wheelchair coverage either short or long term.

Name of Borrower_____

Residential Address_____
Street **Apt. #** **City**

_____
State **Postal Code** **Phone #**

Chair Type _____ **Chair #** _____ **Size**

Date Received_____

Received By_____
Signature

Address_____
Street **City** **State** **Postal Code**

Date Received_____
Day **Month** **Year**

Date Returned_____
Day **Month** **Year**

Wheelchair Committee Chairman_____
Signature

_____
Date