CPAP ASSISTANCE PROGRAM
American Sleep Apnea Association
117 3rd Street • Tracy, MN 56175 • Telephone: 1-888-293-3650 X 1 • Facsimile: 1-888-293-3650

Donation Evaluation Form

If you have a new or gently used CPAP machine you wish to donate to the CPAP Assistance Program (CAP), please submit the following form. You may fax, mail or e-mail it to us as an attachment at manager@donatedcpap.org If approved, you will receive shipping instructions for the donation. The sender must be willing to pay the shipping charges. A charitable donation letter will be mailed out following the donation.

If you have difficulty faxing or questions, contact us at 1-888-293-3650, option 1 or include them in the comment box.

Name: ____________________________________________ Date: _______________

Street Address: ____________________________________________

City: __________________________ State: _________________ Zip Code: _________

Email: __________________________ Phone: __________________________

We are currently only accepting the following devices with humidification systems

Machine Manufacturer: Model:
□ Phillips Respironics □ System One
□ ResMed □ S9
□ Fisher & Paykel □ S10
□ Icon

Estimated Hours Used (3,000 and under will be accepted): __________________________

Accessories:
□ Carrying Case □ Factory Sealed Filters □ Factory sealed tubing
□ Factory sealed masks

Comments:

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