



Dear Applicant,

The United Breast Cancer Foundation (UBCF) is pleased to offer you the opportunity to receive a free Tempur-Pedic® mattress, the most highly recommended bed in America™. Please complete the bellow form to be considered for the **2018 CALIFORNIA** donation. **REQUIRED: Attach to this application a letter from your Doctor on Doctor's letterhead stating your current health status. If you are in remission, include remission date.**

PLEASE WRITE CLEARLY! Submit to GIKprogram@ubcf.org OR fax to 1-877-822-4287

Full Name: _____ Address: _____

City: _____ State: _____ Zip code: _____ County: _____

E-mail address: _____ Phone # _____

Do you or a family member have breast cancer? YES NO
Are you or a family member in remission from breast cancer? YES NO

REQUIRED: Attach to this application a letter from your Doctor on Doctor's letterhead stating your current health status. If you are in remission, include remission date.

Total number in household: _____ Total number of children under age of 18 in household: _____

Total household income (wages, social security, unemployment, alimony, child support, etc.): \$ _____

What size mattress are you requesting? TWIN FULL QUEEN

How did you learn about this opportunity? _____

Why is this donation helpful to you (check all that apply):

- 1. I have breast cancer
- 2. I am a breast cancer survivor
- 3. Financial hardship
- 4. Other: _____

Please share with us some words of gratitude: _____

Would you tell a friend about UBCF's programs? YES NO

Check here to acknowledge that you can pick-up your mattress on the date of delivery.

Signature: _____ Date: _____

Sincerely,
Team United Breast Cancer Foundation

OFFICE USE:

Date Received: _____

Dr. Letter Rcvd: _____

Items approved: _____

APP #: _____

W/L#: _____

Release & Waiver

The United Breast Cancer Foundation (“UBCF”) is transferring by donation to _____ (“Grantee”) the product identified on Exhibit A bellow (the “Product”). Grantee desires and is accepting this donated Product.

The Product is accepted in “as is” condition. UBCF assumes no responsibility for the Product’s present or future condition. UBCF is not the manufacturer of this Product. State and federal regulations require tags to be placed on the mattress covers. Grantee acknowledges that no representations are being made by UBCF as to the condition or maintenance of the Product.

Grantee states that it has had the opportunity to inspect the Product and that Grantee believes in its sole judgment that the Product is useful and acceptable to the Grantee.

Grantee may not sell, trade, barter or otherwise distribute the Product to any other person or entity. Grantee shall utilize the Product solely for personal use.

Grantee hereby fully releases, absolves and holds harmless UBCF, its, directors, officers, staff or agents for any harm which arises out of the acceptance, use or eventual disposal of the Product. Grantee agrees that the Grantee shall indemnify and hold harmless UBCF, its trustees, directors, officers, administrators, staff or agents against all claims, suits, and all cost, expenses and counsel fees incurred, which are based upon injuries, sickness, disease or death suffered by Grantee or by third parties caused in any manner by the Product, and/or arising in whole or in part from any negligent acts of Grantee, or the Grantee’s agents, employees, directors, or family members in relation to said Product and/or its use. Grantee understands and agrees that once grantee signs this waiver and accepts the donated Product, UBCF is not responsible for the Product or any issues or claims related to the Product, the Grantee or any third party relating to the Product.

Grantee agrees that this release has been voluntarily executed and that the contents have been fully read and understood.

GRANTEE

Name Print: _____ Date: _____

Name Sign: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

County: _____ E-mail: _____

Exhibit A Donated Product, CALIFORNIA 2018

Item Description

Quantity

Manufacturer Serial Number

APP #: _____

W/L#: _____