



ADVANCED PURIFICATION ENGINEERING CO.
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FreeDrinkingWater Donation Application

Program Overview

APEC's FreeDrinkingWater program is a charity that provides free reverse osmosis water systems to individuals or families who are having both financial and medical difficulties. Qualified applicants should complete this form and submit it back to us with documented proof of their financial and medical hardship. Once a month, we will select several qualified candidates to receive a free reverse osmosis system. Those who have been selected to receive a system will be notified at the end of each month by email or telephone correspondence. Applicants, who have met all of the qualifications for the program but were not chosen for the month they applied, will automatically be reevaluated for the following month's giveaway.

Eligibility Guidelines

All eligible candidates should fill out this application directly. If they cannot complete the application themselves, please explain the reason. In addition to the application, some applicants may be asked to provide documentation of their income and medical status.

If you are not sure if your current situation qualifies, please feel free to apply anyway. We will judge each application individually based on demand, qualification and necessity so you will have a chance to receive a system. This program is open to all residences within the 48 contiguous United States.

Description of Available Products

Applicants chosen to receive a system will have the option of picking between two reverse osmosis water filtration units. The two models are the RO-45 and the RO-CTOP.

The RO-45 system is an under-the-counter system that needs to be installed and hard-plumbed under your kitchen sink. This system comes with a holding tank and faucet and is fully automated. The RO-45 is a good system for individuals who are fairly handy and have the manual dexterity to install a water system themselves. While most (90%) people have no problem installing this system, some people may need to hire a plumber to do so. It is a good system for families who live in their own homes and do not frequently move or relocate.

The RO-CTOP is a counter-top system that can be easily connected to your existing kitchen sink faucet. This unit can be quickly setup or removed from any faucet and is lightweight and portable. This system does not come with a tank or faucet and water must be collected in a separate container or pitcher. The RO-CTOP is the ideal system for individuals who do not have the manual dexterity to install a water system themselves and do not want to spend money to hire a plumber. It is also the better system for people who rent or move frequently as it is easy to take from place to place.

Please check the system you are most interested in. RO-45 RO-CTOP

(For more information about the two systems, please visit our website at www.freedrinkingwater.com)

Date:

FreeDrinkingWater

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For Internal Use

Status _____

Case# _____

Please type or print in black ink.

Applicant Information

Last Name: First Name: MI:

Street Address (Residential only):

City: State: Zip Code:

Home Phone: e-mail: Date of Birth:

Sex: Male Female Marital Status: Single Married Legally Separated Widow/Widower Are you currently employed? Yes No Monthly Income:

Describe your Medical Condition May we post your name if you are selected to received a system? Yes No

How did you first learn about this program? Family/Friends Doctor News Google Yahoo Other

Your Story

Please use this section to tell us a little more about yourself. If there is not enough space in this box, feel free to write on the back of this application or on a separate sheet of paper.

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Additional Information

If you can provide any additional information or documentation that can verify your low income and health condition please also include it with your application. This will improve your chances of receiving a system and also speed up the application process.

Examples:

1. **Personal Identification: Driver's license or passport**
2. **Medical Documentation: Doctor's letter, bills from hospitals**
3. **Financial Information: Income statements, social security benefits, etc.**

Please send us copies of your documents only and not the originals. We cannot accept or guarantee the safe return of any original documents that are sent to us.

Donation Acceptance Agreement

Read carefully and sign below. This section must be read and signed by the applicant only. By either signing and/or accepting the donation, you (applicant) agree to the following terms.

- **LIABILITY** - Under no circumstances will APEC be liable to the applicant for indirect, incidental, consequential, special or exemplary damages arising from the acceptance or application of any products donated in connection with this agreement.
- **SYSTEMS DISCLAIMER** - APEC makes no claims that products provided through this agreement will treat, prevent, or cure any medical diseases or health conditions. Products are provided "as is" without any express or implied warranty.
- **INDEMNIFICATION** - Applicant agrees to defend, indemnify and hold harmless APEC, its owners and employees against any loss, damage, expense, or cost arising out applicant's acceptance and application of products donated in connection with this agreement.
- **PRIVACY** - Applicants' personal information will be kept strictly confidential and will never be posted or shared with any third parties.

By signing below, I confirm that I have read and agree to the terms set forth in this application. I further certify that all of the information I have supplied on this applications is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which would affect the evaluation of my application.

Applicant's Name:

Applicant's Signature _____

Signed By

Date:

If you have any questions regarding this program do not hesitate to contact us. Please submit this application and all required documentation to:

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