

Do you need a wheelchair?

Your details

Gender male female other

First name

Middle name

Surname

Age:

Type of disability:

Address

City

Town

Pincode:

Telephone:

Email:

Terms and Conditions:

(Please read the following carefully and click on the agree button below, for your application to be processed.)

The beneficiary and caregiver agree to present medical papers as required for selection and screening purposes. All medical documents will be kept confidential.

The beneficiary/ direct caregiver agree to pick up, sign receipts for the wheelchair received, and to be photographed with the wheelchair. Photography copyright belongs to "Wheels for Life" and will be used for documentation purposes of this programme.

Upon selection "Wheels for Life" will provide a new wheelchair to the beneficiary in perfect working condition. Any repairs and customization thereafter is the responsibility of the beneficiary.

In the rare occasion that a donor requests to meet with the beneficiary, the beneficiary will be notified and the meeting will take place on mutual terms.

I AGREE
