

COMPUTERS FOR THE COMMUNITY

Laptop Computer Program

PURPOSE: Our Computers for the Community program is designed to offer discounted computers to those affiliated with a CA non-profit or to those providing proof of low-income with CA residency.

- A) Please fill out section A to the right if you are affiliated with a CA non-profit. Some overlooked non-profits include public schools, churches and libraries. Affiliations include employees, clients, associates, friends, family members and students or parents.
- B) Please fill out section B to the right if you are providing Renew Computers with proof of low-income documentation such as CalFresh, CalWorks, Medi-cal or SSI/SSP. Documentation must be submitted with this application.

SPECIFICATIONS: Below is the typical configuration of a refurbished laptop. All systems come with a 90-day warranty.

Specifications are subject to change.

- Intel Core i-Series Processor (i3, i5 or i7)
- 14" Color LCD Screen
- 6 GB RAM
- 120 GB SSD (new) hard drive
- Wireless Network Adapter
- AC Adapter included
- Battery (please note batteries are not covered under warranty)

SOFTWARE: The systems we build, as described above, are complete and ready to plug in and use. Each system comes with the following software applications:

- **Microsoft Windows 10** Operating System
- **Microsoft Office 2019** Home & Student (Word, Excel, PowerPoint, OneNote)
- Windows Defender Anti-Virus software
- VLC Media Player & Sumatra PDF Reader
- Edge, Firefox & Chrome internet browsers

COST: We offer a complete refurbished laptop for \$159 plus tax. If you need something above and beyond the listed specifications please check our showroom inventory.

HOW TO APPLY: Please complete this form and return via fax, email, or mail to the following address:

Renew Computers
446 DuBois Street
San Rafael, Ca 94901
phone: 415-457-8801 fax: 415-457-1443
email: jennifer@renewcomputers.com

Community price for laptop computer **\$159.00**

9.25% sales tax **\$14.71**

TOTAL \$173.71

Payment to be made by: Recipient Agency

Recipient Information (required)

Name of Recipient _____

Address _____

City _____

Zip _____

Phone _____

Email _____

Section A (Non-Profit)

Name of Non-Profit Agency _____

Agency Contact Person _____

Agency Billing Address _____

City _____

Zip _____

Phone _____

Ext. _____

Email _____

Section B (Low-Income)

Please indicate attached low-income documentation:

CalFresh

CalWorks

Medi-cal

SSI/SSP

-----Please do not write below this line-----

1st Notification

2nd Notification

Final Notification

(Office Use) Date Received _____

Picked up by: _____

Date picked up: _____