



ANEW Recipient *Wish List* Form

For Non-Profit Organizations, Public Agencies and Communities in Need

Name of Organization: _____

Primary Contact Name: _____ Exec.Dir Name: _____

Secondary Contact Name: _____

Primary Address: _____ City/Zip: _____

E-mail address: _____ Website address: _____

Phone Number: O _____ C _____

Description of Items Requested / Wish List: (Please note quantities and basic dimensions; if additional space is required please attach)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

REQUIRED - EIN or Tax-ID Number: _____

NOTE: Recipient agrees to use the surplus items for a minimum of 18 months and accepts the ANEW guidelines restricting resale or fundraising purposes of items received prior to.

Authorized Signature and Date by Organization:

_____ Date _____

