



# ANEW Recipient Wish List Form

For non-profits, charities, public organizations and the underserved

Name of organization: \_\_\_\_\_

Address, city, state, zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: (O) \_\_\_\_\_ (C) \_\_\_\_\_

List of items requested. *Please note quantities and dimensions if applicable.*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

### REQUIRED

**EIN OR TAX-ID NUMBER:** \_\_\_\_\_

**Authorized signature of organization representative:**

X \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name \_\_\_\_\_ Title: \_\_\_\_\_

*By signing this form, the recipient agrees to use the surplus items for at least 18 months and to comply with ANEW's guidelines prohibiting resale for fundraising purposes. Additionally, as an ANEW recipient, you grant us permission to feature your organization in marketing materials, including but not limited to our website, social media, and promotional content.*