

Surplus Property Wish List

(Return by email or by fax to 603-229-1960)

Organization: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Web Site: _____

Address: _____

City, State, Postal Code: _____

Country: _____

Brief description of organization: _____

U.S. States or Country(ies) in which you are active (please indicate regions that are most active):

Major program areas (please check all that apply):

Type of Assistance	Residential	School/Orphanage	Business	Medical
Disaster Relief				
Long-Term Development				
Medicine / Medical Supplies				
Food				
Shelter				
Furnishings / Structures				

Typical length of project:

Short-term (<6 months): _____

Intermediate (6-18 months): _____

Long-term (>18 months): _____

WISH LIST

Always – Sometimes – Never: Please let us know how frequently you can use this kind of item, A for Always, S for Sometimes, N for Never.

Quantity: How many can you typically accept in a single shipment

Note: Any notes about item size, material (e.g., wood, metal), color, condition, or other qualities that affect your wish or ability to handle these items. Also, let us know how many you can use, and whether this is a continuing or one-time need.

Item	Always Sometimes Never	Quantity	Note
RESIDENTIAL			
Bed (single, bunk)	_____	_____	
Bookshelf, wood or metal	_____	_____	
Bureau with drawers	_____	_____	
Chair, desk/dining/kitchen	_____	_____	
Chair, living room	_____	_____	
Desk, home	_____	_____	
Sofa/couch	_____	_____	
Table, small (<5')	_____	_____	
Table, large (>5')	_____	_____	
Wardrobe	_____	_____	
Mattress (single)	_____	_____	
Mattress (double, queen)	_____	_____	
Kitchen Supplies	_____	_____	
SCHOOL / ORPHANAGE			
Cabinet, closed front	_____	_____	
Chair, classroom	_____	_____	
Chair, stacking/folding	_____	_____	
Chair, office	_____	_____	
Desk, student/classroom	_____	_____	
Desk, office	_____	_____	
File cabinet	_____	_____	
Library furnishings	_____	_____	
Science room furnishings	_____	_____	
Science apparatus	_____	_____	
Gym / athletic equipment	_____	_____	
Kitchen equipment	_____	_____	

Item	Always Sometimes Never	Quantity	Note
BUSINESS/COMMERCIAL			
Cabinet, closed front	_____	_____	
Chair, office	_____	_____	
Chair, stacking/folding	_____	_____	
Chair, reception	_____	_____	
Desk, office	_____	_____	
File cabinet	_____	_____	
Shelving, metal or wood	_____	_____	
Table, small (<5')	_____	_____	
Table, large (>5')	_____	_____	
Library furnishings	_____	_____	
Kitchen equipment	_____	_____	
HOSPITAL / MEDICAL			
Hospital bed	_____	_____	
Gurney	_____	_____	
Exam table	_____	_____	
Hospital room furniture	_____	_____	
Supply cabinets	_____	_____	
Diagnostic equipment	_____	_____	
Wheelchairs, crutches	_____	_____	
Surgical supplies, bandages	_____	_____	
Operating room supplies	_____	_____	
Other:	_____	_____	
Other:	_____	_____	
OTHER			
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	