



BRINGING AID TO THE NATIONS

1825 ACADEMY DRIVE, ANCHORAGE, AK 99507 | PH 907.522.7202 | FX 907.522.7088 | ALASKAMEDICALMISSIONS.ORG

Alaska Medical Missions

Medical Supply and Equipment Request Form

The following form is required in order to receive medical supplies and equipment from Alaska Medical Missions for your organization. This form provides an overview of your working situation and allow us to respond to the request in the fullest and most appropriate way possible. Once submitted, you will hear from AMM within 3 weeks regarding AMM's ability to assist your program/mission and to what extent.

This form is also available online at www.alaskamedicalmissions.org/request/. The print version of this form should be scanned and submitted via email to info@alaskamedicalmissions.org or sent via mail to:

Alaska Medical Missions
Attention: David Rurik
1805 Academy Drive
Anchorage, AK 99507

If approved, AMM will work with you to arrange pick up or shipment depending on your needs.

If approved, the supplies and equipment committed to your request will be held for 30 days, after which time they will be placed back into our warehouse inventory, released on a first come first served basis, and may not be available for your project in part or in whole. (This allows your organization time to arrange and fundraise for shipping if necessary).

Page 2: Organization Information

Page 3: Requested Supplies

Page 4: Donation Documents, Acknowledgement and Signature

AMM looks forward to partnering with you as you provide better healthcare around the world.

Take Good Care,

David Rurik
Alaska Medical Missions | Executive Director
907-522-7202 | alaskamedicalmissions.org

AMM Staff Use Only:

Date Received ___/___/___

Product Hold Until Date ___/___/___

Alaska Medical Missions

Medical Supply and Equipment Request Form

Today's Date _____

(PLEASE PRINT LEGIBLY)

1. Organization Information

a. Name of your organization: _____

Organization Address: _____

City/State: _____ Zip: _____ Country: _____

Website: _____

Contact name: _____ Title/Position: _____

Contact phone: _____ Email: _____

Organization is a US 501(c)(3) tax-exempt organization: Y / N # _____ - _____

b. Provide two references (preferably 501(c)3 organization level partners):

Organization: _____ Organization: _____

Contact Person: _____ Contact Person: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

c. Organization/facility who will receive supply donation (if different from above):

Name of your organization: _____

Organization Address: _____

City/State: _____ Zip: _____ Country: _____

Website: _____

Contact name: _____ Title/Position: _____

Contact phone: _____ Email: _____

Organization is a US 501(c)(3) tax-exempt organization: Y / N # _____ - _____

d. How will donations be utilized? (Program/project name and brief explanation):

AMM Staff Use Only:

Date Received ___/___/___

Product Hold Until Date ___/___/___

3. Donation documents:

AMM provides an itemized list and a letter of donation for each shipment. Does AMM need to provide any other documents to ensure delivery of SUPPLIES to the receiving destination? Y / N Please specify if 'yes': _____

4. Acknowledgement and Signature:

In order to receive a donation of AMM medical supplies and equipment (SUPPLIES) you must acknowledge your agreement to the following terms and conditions by initialing each statement and signing below.

- a. I will ensure that all SUPPLIES donated to me/my organization will be distributed free of charge and without discrimination of any nature, include race, religion, gender, politics, nationality, or geographic location. _____
- b. If an administrative fee for service is charged by my organization or the medical facility where services are performed, I will ensure that this fee is not identified with the SUPPLIES. _____
- c. I will not return any donation to the United States. _____
- d. I will not sell or exchange any donation for property or services. _____
- e. SUPPLIES committed this request will be held for 30 days while shipment/pick-up is arranged, after which time they will be placed back into our warehouse inventory, released on a first come first served basis, and may not be available for your project in part or in whole. _____
- f. I will provide AMM with narrative feedback, including photographs, reports, distribution information, or program evaluations for each shipment received. _____

Name, position, and signature of the representative of the applicant organization acknowledging this agreement:

Name (print): _____

Signature: _____

Position: _____

Date: _____

Alaska Medical Missions is motivated by the love of Christ to provide medical resources and professional support to communities in need around the world.

AMM Staff Use Only:

Date Received ___/___/___

Product Hold Until Date ___/___/___