

# Wish List Form

**YOUR NAME:** \_\_\_\_\_

**LOCATION WHERE ITEM IS NEEDED (FULL ADDRESS IF HOME):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ITEM(S) NEEDED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIORITY:** \_\_\_\_\_

\*\*1 = High Priority : The lack of this item(s) is affecting the home or your workplace daily.

\*\*2 = Medium Priority: The lack of this item(s) is affecting the home or your workplace weekly.

\*\*3 = Low Priority: The lack of this item(s) is affecting the home or your workplace monthly.

**IDEAL \* DELIVERY TIME OF ITEM(S): CHECK ONE OR MARK EXACT TIME**

\*Time when someone will be at the home or office to allow access for delivery.

**Morning: Between 8 a.m. – Noon**

**Afternoon: Between 1 p.m. and 3 p.m.**

**Evening: Between 4 p.m. and 6 p.m.**

**Specific Time:** \_\_\_\_\_

**(Submit to Mark Bell via Journeys Reception Desk or email to [mark.bell@journeysincommunity.org](mailto:mark.bell@journeysincommunity.org).)**