



Together, we create life-changing wishes for children with critical illnesses.

MAIL-IN DONATION FORM

DONOR INFORMATION

Name: _____ Phone: (_____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

YES, I would like to be added to your email list. YES, I would like to be added to your mailing list.

CONTRIBUTION INFORMATION

Check/Money Order Amount Enclosed: \$ _____

Credit Card (please check card type) MasterCard® Visa® Discover® American Express®

Credit Card #: _____ Expiration: _____

Name: _____ CVV Number: _____
(as it appears on credit card) (3-digit security code on back of card)

FUNDRAISER

I would like to make this donation to:

Event Name: _____

Participant Name: _____

Participant ID: _____

Team Name: _____

The Make-A-Wish Foundation® is exempt under section 501(c)(3) of the Internal Revenue Code making this gift tax-deductible.

If you'd like to donate via donor advised fund, please reach out to your financial advisor or your local Make-A-Wish chapter.