



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

Your generosity helps Make-A-Wish® Nebraska serve children throughout the state of Nebraska.

DONATION FORM

DONOR INFORMATION

Name: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ ZIP: _____
Email Address: _____

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)

DESIGNATION

I would like to make this donation to:
Make-A-Wish Nebraska
Another chapter (select from attached list or enter ZIP code)
Make-A-Wish America

To make a donation to a Make-A-Wish® affiliate outside of the U.S., please visit www.worldwish.org.

Please mail donations for chapter to:

Make-A-Wish Nebraska
1005 S 107th Ave, Ste 102
Omaha, NE 68114

Please mail donations for another chapter or Make-A-Wish America to:

Make-A-Wish America
Gift Processing Center
1702 E. Highland Avenue, Suite 400
Phoenix, AZ 85016

My donation is in Memory of:
Individual's Name: _____
Send gift acknowledgement to:
Name: _____
Address: _____
City: _____
State: _____ ZIP: _____

My donation is in Honor of:
Individual's Name: _____
Send gift acknowledgement to:
Name: _____
Address: _____
City: _____
State: _____ ZIP: _____

