



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

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

## 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® South Carolina
- 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](http://www.worldwish.org).

#### Please mail donations for chapter to:

Make-A-Wish South Carolina  
225 S. Pleasantburg Drive, C17  
Greenville, SC 29607

#### 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: \_\_\_\_\_

