Make-A-Wish®
TRI-COUNTIES

DONATION FORM

DONOR INFORMATION

Name: ___________________________ Phone: (____) __________
Address: ____________________________________________
City: __________________________________________ State: ________ ZIP: ________
Email Address: _______________________________________

CONTRIBUTION INFORMATION

☐ Check/Money Order ☐ 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® Tri-Counties
☐ 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 Tri-Counties
4001 Mission Oaks Blvd., Suite F
Camarillo, CA 93012

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: ___________