



Wishes come true, thanks to you.

The Make-A-Wish Foundation® grants the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy. Your generosity helps the Make-A-Wish Foundation of Alaska & Washington serve children throughout our territory.

# 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:

- Alaska & Washington
- Another Chapter (select from attached list or enter ZIP code) \_\_\_\_\_
- Make-A-Wish Foundation of 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 the Alaska & Washington chapter to:**

Make-A-Wish Foundation  
of Alaska & Washington  
811 First Avenue, Suite 520  
Seattle, WA 98104

**Please mail donations for another chapter or the Make-A-Wish Foundation of America to:**

Make-A-Wish Foundation  
Gift Processing Center  
P.O. Box 29119  
Phoenix, AZ 85038-9119

My donation is in **Memory** of:  
Individual's Name: \_\_\_\_\_

**Send gift notification to:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_

My donation is in **Honor** of:  
Individual's Name: \_\_\_\_\_

**Send gift notification to:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_