



Wishes come true, thanks to you.

Make-A-Wish® grants the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy.

DONATION FORM

Your generosity helps Make-A-Wish® Mid-South serve children throughout the Mid-South.

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® Mid-South
- 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 Make-A-Wish Mid-South to:

Make-A-Wish Mid-South 1780 Moriah Woods Blvd Suite 10 Memphis, TN 38117	320 Executive Court Suite 101 Little Rock, AR 72205
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Please mail donations for another chapter or Make-A-Wish America to:

Make-A-Wish America
 Gift Processing Center
 4742 N. 24th Street, Suite 400
 Phoenix, AZ 85016

<p><input type="checkbox"/> My donation is in Memory of:</p> <p>Individual's Name: _____</p> <p>Send gift notification to:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p>	<p><input type="checkbox"/> My donation is in Honor of:</p> <p>Individual's Name: _____</p> <p>Send gift notification to:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p>
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