MAKE-A-WISH
ILLINOIS CHAPTER

DONATION FORM

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 Illinois serve children throughout Illinois.

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: _____
(as it appears on credit card)

DESIGNATION

I would like to make this donation to:

☐ Illinois Chapter

☐ 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.

Please mail donations for the Illinois chapter to:

Make-A-Wish Foundation of Illinois
640 N. LaSalle Drive
Suite 280
Chicago, IL 60654

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:

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