MAIL-IN DONATION FORM

DONOR INFORMATION

Name: __________________________________________ Phone: ________________
Address: __________________________________________
City: __________________________________________ State: _______ ZIP: __________
Email Address: __________________________________________
☐ YES, I would like to be added to your email list. ☐ YES, I would like to be added to your mailing list.

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)

PLEASE MAKE CHECKS PAYABLE TO Make-A-Wish Georgia

FUNDRAISER

I would like to make this donation to:
Event Name: 2019-20 Wish Your Way Georgia __________
Participant Name: Gallagher Atlanta __________
Participant ID: 4320269 __________
Team Name: Gallagher - GGB __________

Please mail donations to:
Make-A-Wish Georgia
1775 The Exchange SE Suite 200
Atlanta, GA 30339

The Make-A-Wish Foundation® is exempt under section 501(c)(3) of the Internal Revenue Code making this gift tax-deductible.