MAIL-IN DONATION FORM

Wishes come true, thanks to you.
Together, we create life-changing wishes for children with critical illnesses.

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 South Carolina

FUNDRAISER

I would like to make this donation to:
Event Name: ____________________________
Participant Name: ____________________________
Participant ID: ____________________________
Team Name: ____________________________

Please mail donations to:
Make-A-Wish South Carolina
225 South Pleasantburg Drive
C17
Greenville, SC 29607

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