



*Together, we create life-changing wishes  
for children with critical illnesses.*

## 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 America

### FUNDRAISER

I would like to make this donation to:

Event Name: 2025 Walk for Wishes - North Idaho

Participant Name: Ada Rouse

Participant ID: 9915355

Team Name: Northwest Specialty Hospital

**Please mail donations to:**  
Make-A-Wish America  
1702 E. Highland Ave Suite  
400  
Phoenix, AZ 85016

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

If you'd like to donate via donor advised fund, please reach out to your financial advisor or your local Make-A-Wish chapter.