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

MAIL-IN DONATION FORM

DONOR INFORMATION

Name: _____ Phone: _____

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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)

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FUNDRAISER INFORMATION

I would like to make this donation to:

Event Name: 2025-2026 NCAA Division II Grants Wishes

Participant Name: _____

School/Team Name: _____

Please mail donations to:

Make-A-Wish America
1702 E. Highland Ave.
#400
Phoenix, AZ 85016

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NCAA DIVISION II MAKE IT YOURS