Make-A-Wish®

*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 Maine

## FUNDRAISER

I would like to make this donation to:

Event Name: 2025 Wish Your Way Maine

Participant Name: Wishes in the Meadow hosted by Jay and Sara

Participant ID: 8568783

Team Name: _____

**Please mail donations to:**
Make-A-Wish Maine
66 Mussey Road
Scarborough, ME 04074

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.