

Contact information: * Required data

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|--------------------|-------------------|--------------------------|---------|-------|
| FIRST NAME*: | LAST NAME*: | DOB (MM/DD/YYYY)*: | | |
| SPOUSE FIRST NAME: | SPOUSE LAST NAME: | SPOUSE DOB (MM/DD/YYYY): | | |
| ADDRESS*: | | CITY*: | STATE*: | ZIP*: |
| PHONE: | EMAIL: | | | |

Please check one of the following:

- You may recognize my/our gift by including my/our name(s) on the Make-A-Wish® America Legacy of Wishes Virtual Donor Wall. Please list my/our name(s) as:

- I/we wish my/our contribution to remain anonymous.

Gift information:

I/we have named the **Make-A-Wish Foundation® of Alaska and Washington** as a beneficiary in my/our estate plan.

If you have named more than one chapter or a combination of a chapter and the Make-A-Wish Foundation® of America, please name the additionally named beneficiary:

- I am happy to share my story with Make-A-Wish. Please feel free to contact me.

Additional information (the following information is optional, please check all that apply):

I have named Make-A-Wish as a beneficiary of my/our:

- Will/Trust
- Charitable Trust
- Annuity
- IRA or Retirement Plan
- Life Insurance
- Airline miles _____
- Other _____

Attorney's contact information:

Name:

Phone:

Comments:

Please return the completed form to:

Make-A-Wish® Alaska and Washington
811 First Avenue, Suite 620, Seattle, Washington 98104
Fax: 206.623.5333 | Email: lmartin@akwa.wish.org | akwa.wish.org | 800.304.9474