



Donations are anything free of charge or a discounted price. In addition, donations are **anything** given by a volunteer (i.e. not reimbursed). Please complete and submit to the Make-A-Wish office within one month of the donation date.

Wish Child's Name: _____

DONATION:

Individual/Company: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Describe what was donated: _____

Purpose of expense: _____ Private Proclamation _____ Wish Celebration

Donor's Estimated Value of Donation(s): _____

DONATION:

Individual/Company: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Describe what was donated: _____

Purpose of expense: _____ Private Proclamation _____ Wish Celebration

Donor's Estimated Value of Donation(s): _____

DONATION:

Individual/Company: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Describe what was donated: _____

Purpose of expense: _____ Private Proclamation _____ Wish Celebration

Donor's Estimated Value of Donation(s): _____

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~Office Use Only:

Version Date: 9/16/2019

Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Wish Team Member: \_\_\_\_\_