

TELL US ABOUT YOUR EVENT

The goal of the Kids For Wish Kids program is to empower students to make a difference in the lives of other kids! Tell us more about your fundraising idea/activity by completing and submitting the form below to your local Make-A-Wish chapter office. A representative from Make-A-Wish will contact you shortly to discuss your proposed activity/project and provide you with more information. Please note that this form may only be submitted by: teachers or school administrators, leaders of community youth groups or associations (e.g., Girl Scout or Boy Scout leaders, coaches, etc.), parents or individuals age 13 and older.

ARE YOU: SCHOOL CLUB / GROUP	NON-SCHOOL CLUB / GROUP	☐ INDIVIDUAL (AGE 13+)
FIRST NAME	LAST NAME	
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	
NAME OF ADULT SUPERVISOR / POINT OF CC	ONTACT RELATIONSHIP	
PHONE	EMAIL	
DESCRIPTION OF FUNDRAISING IDEA(S) / AC	TIVITY	
EVENT NAME	LOCATION OF EVENT / FUNI	DRAISER
DATE(S) / TIME(S) OF FUNDRAISER		
SCHOOL / GROUP NAME	SCHOOL / GROUP ADDRESS	
CITY	STATE	ZIP
NUMBER OF PARTICIPANTS	GRADE LEVELS	
FUNDRAISING GOAL		



FUNDRAISING RULES

• Make-A-Wish® does not allow door-to-door or telephone solicitations.

We have read and agree to follow the above Kids For Wish Kids fundraising rules.

- To protect the Make-A-Wish brand, please be careful when using the Make-A-Wish name and logo. Note that "Make-A-Wish" is spelled with a capital "A" and has hyphens between the words. Please also note that our logo may not be altered in font, color, configuration or position. The name and logo should never be altered for a specific event (i.e., "Bake-A-Wish").
- The Make-A-Wish mission is to create life-changing wishes for children with critical illnesses. When talking about Make-A-Wish, please do not use words such as "terminally ill" or "dying," as many wish kids do not have a terminal condition. These labels can instill a sense of defeat and can be counterproductive as our wish kids continue to fight to overcome their illnesses.
- Please keep careful track of money you raise and send funds directly to your local Make-A-Wish chapter office within one month of your fundraiser.
- If you plan to advertise your fundraising event outside of your school/group community, it is important that you coordinate this in advance with your local Make-A-Wish chapter office.

YOUR NAME (PRINT NAME)
YOUR SIGNATURE
DATE
APPROVED BY (PRINT NAME)
SIGNATURE OF MAKE-A-WISH REPRESENTATIVE
DATE









SCHOOL/GROUP/INDIVIDUAL NAME	DATE OF EVENT
ADDRESS	
CITY	STATE ZIP
CONTACT PERSON	
CONTACT PHONE	CONTACT EMAIL
EVENT REVENUE	
In this section, please list all the ways your fundraiser earned money, s each avenue separately (example: bake sale - \$1,000/car wash - \$500,	
TOTAL RAISED:	
DID YOU RECEIVE SUPPORT FROM THE MAKE-A-WISH® STAFF? WAS DIFFERENTLY (OR MORE OF) TO ENSURE YOUR SUCCESS?	S THERE ANYTHING THAT THEY COULD HAVE DONE
WOULD YOU LIKE TO PARTICIPATE NEXT YEAR? Y	N IF NO, WHY NOT?
WILL YOU BE THE CONTACT FOR NEXT YEAR'S EVENT? YIF NO, PLEASE PROVIDE THE APPROPRIATE CONTACT PERSON'S NA	☐ N AME, EMAIL AND PHONE NUMBER BELOW:

Within 30 days of your fundraiser, please mail/drop-off this sheet & the funds to:

Please do not mail cash.