

Make-A-Wish
NORTHEASTERN & CENTRAL CALIFORNIA
AND NORTHERN NEVADA

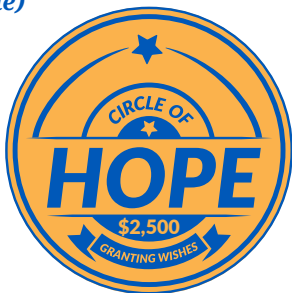


**Together, we create
life-changing wishes
for children with
critical illnesses**

***I pledge to join the Circle Of Hope at a level of:
(Check one)***



\$5,000 COMMITMENT



\$2,500 COMMITMENT



CONTACT INFORMATION

Name _____

Email Address _____

Phone Number _____

Company Name _____

Billing Address _____

City _____ State _____

Zip _____

PAYMENT OPTIONS

Check made payable to Make-A-Wish Northeastern & Central California and Northern Nevada is enclosed

I would like to be invoiced

I would like to pay by credit card:

Visa Mastercard Discover American Express

Name on Card _____

Card Number _____

Expiration Date _____ CVV _____

Signature _____

RETURN YOUR PLEDGE

Email completed pledge to [Kathleen Price](mailto:kprice@necannv.wish.org) at kprice@necannv.wish.org
or mail to:

Make-A-Wish Northeastern & Central California and Northern Nevada
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