

USAGE OF MAKE-A-WISH NAME AND LOGO

Like any other corporation – Coca-Cola, McDonald’s, Wal-Mart, Target, Ford, etc. – Make-A-Wish® Minnesota’s name and logo are federally registered trademarks, and Make-A-Wish has rules for the proper usage of its trademarks in marketing and publicity efforts. The Make-A-Wish brand is shaped by its mission statement:

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

Thank you for helping raise awareness about the important mission of Make-A-Wish by using the trademarks, including name and logo, in a way that is consistent with the organization’s branding standards provided below:

TRADEMARK USAGE REQUIREMENTS:

Please note that “Make-A-Wish” is spelled with a capital “A” and has hyphens between the words.

Correct: Make-A-Wish
Incorrect: Make a Wish

- The logo may not be altered in font, color, configuration or position.
- The superscripted registration ® symbol must appear next to each trademark.
- Avoid making Make-A-Wish possessive (correct “the Make-A-Wish message” vs. incorrect “Make-A-Wish’s message”).
- The name and logo should never be altered for a specific event (i.e., “Bake-A-Wish”).
- There are three appropriate colors that may be used to display the logo: Black / White / Pantone® 293 Blue

Contact Alicia Wiesneth at awiesneth@mn.wish.org or 612-767-2764 to obtain a high-resolution copy of the logo. Please don’t copy and paste the logo from the internet.

Focus on the positive! 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.

WHEN IN DOUBT – REACH OUT!

Make-A-Wish is here to help! If you plan to use the Make-A-Wish and/or Kids For Wish Kids logos in any public-facing documents, we ask that you send associated materials to your Make-A-Wish contact prior to distribution. If you have any questions regarding branding rules or guidelines, please contact Alexa Erickson, Youth Giving Officer, at aerickson@mn.wish.org or 612-767-8420.

THANK YOU FOR HELPING TO MAKE WISHES COME TRUE!





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+)

NAME

SCHOOL/GROUP NAME

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

NAME OF ADULT SUPERVISOR / POINT OF CONTACT

PHONE

EMAIL

DESCRIPTION OF FUNDRAISING IDEA(S) / ACTIVITY

EVENT NAME

LOCATION OF EVENT / FUNDRAISER

DATE(S) / TIME(S) OF FUNDRAISER

NUMBER OF PARTICIPANTS

GRADE LEVELS

ADDITIONAL COMMENTS



FUNDRAISING RULES

- Make-A-Wish® does not allow door-to-door or telephone solicitations.
- Ensure name and logo usage requirements are followed.
- 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.
- Once your event is completed send funds directly to th Make-A-Wish Minnesota office within one month of your fundraiser.

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

.....
YOUR NAME (PRINT NAME)

.....
YOUR SIGNATURE

.....
DATE

.....
SIGNED BY (PRINT NAME)

.....
SIGNATURE OF MAKE-A-WISH REPRESENTATIVE

.....
DATE

Alicia Wiesneth
Senior Events Manager
Make-A-Wish Minnesota

awiesneth@mn.wish.org
612-767-2764

mn.wish.org





WRAP-UP FORM

Please mail in this form and funds raised within 30 days of the completion of your fundraiser.

.....
SCHOOL/GROUP/INDIVIDUAL NAME DATE OF EVENT

.....
ADDRESS

.....
CITY STATE ZIP

.....
CONTACT PERSON

.....
CONTACT PHONE CONTACT EMAIL

EVENT REVENUE

TOTAL RAISED: _____

DID YOU RECEIVE SUPPORT FROM THE MAKE-A-WISH® STAFF? WAS THERE ANYTHING THAT THEY COULD HAVE DONE DIFFERENTLY (OR MORE OF) TO ENSURE YOUR SUCCESS?

.....

WOULD YOU LIKE TO PARTICIPATE NEXT YEAR? Y N IF NO, WHY NOT?

.....

WILL YOU BE THE CONTACT FOR NEXT YEAR'S EVENT? Y N

IF NO, PLEASE PROVIDE THE APPROPRIATE CONTACT PERSON'S NAME, EMAIL AND PHONE NUMBER BELOW:

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

MAKE-A-WISH MINNESOTA
1919 University Ave. W., Suite 415
St. Paul, MN 55104

Please do not mail cash.