



Thank you for helping create life-changing wishes! Tell us 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.

TELL US ABOUT YOUR EVENT

Are you: School Club/Group Non-School Club/Group Individual (age 13+)

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Description of fundraising idea(s)/activity: _____

Event Name: _____

Location of Event/Fundraiser: _____

Date(s)/time(s) of fundraiser: _____

School/Group Name: _____

School/Group School Address: _____

City: _____ State: _____ Zip: _____

Number of participants: _____

Fundraising Goal: _____

Fundraising Rules

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

We have read and agree to follow the above Wishmakers On Campus fundraising rules:

Your Name (*print name*)

Approved by (*print name*)

Your Signature

Signature of Make-A-Wish Representative

Date

Date

wish.org/philadesv

Joanna Kim
Development Director
Make-A-Wish Philadelphia,
Delaware & Susquehanna Valley
jkim@philadesv.wish.org

Direct: 215-297-6151



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

In this section, please list all the ways your fundraiser earned money, specifying the amount received through each avenue separately (example: bake sale - \$1,000/car wash - \$500, etc.):

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:

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

MAKE-A-WISH PHILADELPHIA, DELAWARE & SUSQUEHANNA VALLEY

5 Valley Square Suite 210

Blue Bell, PA 19422

Please do not mail cash.