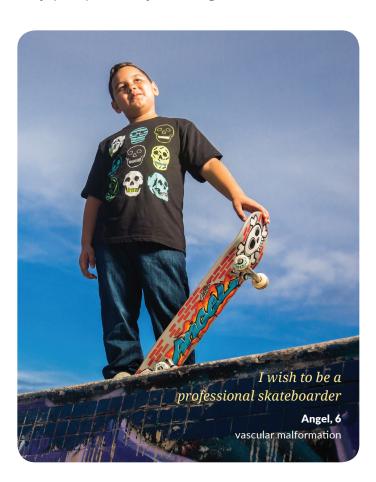


TRANSFORM LIVES

Wishes have proven physical and emotional benefits that can give kids with critical illnesses a higher chance of survival. And wishes not only help these children—they also have far-reaching, positive impacts on their families and communities.

Your support of the Kids For Wish Kids® program will boost the lives of wish kids in your own backyard. Wish kids may be in your school, your town, or anywhere across North Dakota. YOU can give them the joy they need at just the right time.



KIDS FOR WISH KIDS CAN TRANSFORM YOUR SCHOOL COMMUNITY

Kids For Wish Kids puts students in charge. Teachers often serve as advisors, but ownership of the project belongs solely to the students involved. This helps create a better understanding of:

- The value of community service
- Volunteerism
- Leadership skills
- Entrepreneurship
- Money management
- School spirit
- Teamwork

PROJECT IDEAS

There are few limits to Kids For Wish Kids fundraisers. Students of all ages can create their own ways to raise funds or combine their efforts with existing school events, like spirit week or field day.

ELEMENTARY

- Penny Wars
- Walkathon
- Pajama Day
- Family Game Night

MIDDLE SCHOOL

- Candy or Bake Sale
- Spaghetti Dinner
- Talent Show
- Star Sales

HIGH SCHOOL

- Wish WeekSM
- Miracle Minute
- Sporting Event
- Car Wash

JOIN US TODAY

Contact us to learn more and receive your Kids For Wish Kids toolkit.

Amanda Godfread Make-A-Wish North Dakota 701.280.9474 agodfread@northdakota.wish.org

www.kidsforwishkids.org



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-S	CHOOL CLUB / GROUP INDIVIDUAL (A	GE 13+)
FIRST NAME	LAST NAME	
MAILING ADDRESS		
СІТҮ	STATE	ZIP
PHONE	EMAIL	
NAME OF ADULT SUPERVISOR / POINT OF CONTACT	RELATIONSHIP	
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 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 MM/DD/YY DATE
APPROVED BY (PRINT NAME)
SIGNATURE OF MAKE-A-WISH REPRESENTATIVE MM/DD/YY

Amanda Godfread Regional Director

DATE

Make-A-Wish North Dakota agodfread@northdakota.wish.org 701.280.9474 northdakota.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		
In this section, please list all the ways your fundraiser earned money, speach avenue separately (example: bake sale - \$1,000/car wash - \$500,		gh
TOTAL RAISED:		
DID YOU RECEIVE SUPPORT FROM THE MAKE-A-WISH® STAFF? WAS DIFFERENTLY (OR MORE OF) TO ENSURE YOUR SUCCESS?	THERE ANYTHING THAT THEY CO	ULD HAVE DONE
WOULD YOU LIKE TO PARTICIPATE NEXT YEAR? Y	IF NO, WHY NOT?	
WILL YOU BE THE CONTACT FOR NEXT YEAR'S EVENT? YER	☐ N ME, EMAIL AND PHONE NUMBER B	ELOW:

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

MAKE-A-WISH North Dakota 4143 26th Ave S, Ste 104 Fargo, ND 58104