



## DONATION FORM

### DONOR INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

- YES, I would like to be added to your email list  
 YES, I would like to be added to your mailing list

### CONTRIBUTION INFORMATION

Check / Money Order Amount Enclosed: \$ \_\_\_\_\_

Credit Card (please check card type)

MasterCard®  Visa®  Discover®  American Express®

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name: \_\_\_\_\_ CVV Number: \_\_\_\_\_  
(as it appears on credit card) (3-digit security code on back of card)

**PLEASE MAKE CHECKS PAYABLE TO** Make-A-Wish Ohio, Kentucky & Indiana

### MAIL TO:

Make-A-Wish OKI  
2545 Farmers Drive Suite 300  
Columbus, OH 43235