

# SUBMITTING DONATIONS

# HOW TO SUBMIT DONATIONS

**In order to ensure accurate and timely posting to your fundraising account, it is important that you closely follow the instructions below.**

- When mailing in donations to the Make-A-Wish Northeastern & Central California office, please complete the Participant Donor Form and send in with your check and cash donations. (A copy of this form can be found in this packet)
- Instruct your donors to forward all donations directly to you. This is to ensure your donations are properly added to your account.

**Please remember donations may take as long as 10 days to post to your account.**



Please mail all donations to:  
Make-A-Wish Northeastern &  
Central California  
Trailblaze Challenge  
Your Name  
2800 Club Center Drive  
Sacramento, CA 95835

- Create and maintain a list of the donations you submit to Make-A-Wish Northeastern & Central California. This will help verify that all of your donations have been properly posted to your account.
- To ensure timeliness and accuracy, please use only the Participant Donor Form to submit your donations.
- Do not use any other online fundraising tools like GoFundMe (you may use Facebook). Donations that are processed on other platforms cannot be credited to your personal Trailblaze Challenge page.
- If you have any questions about your fundraising page or donations, please contact Sydney Ellis at [sellis@ncc.wish.org](mailto:sellis@ncc.wish.org)

# SUPPORTING DOCUMENTS

## IN-KIND DONATION FORM

Thank you for your support!  
Your donation will help give hope, strength, and joy  
to local Wish Kids in our community.

### Donor(s) Information

Individual Name: \_\_\_\_\_ OR Company Name: \_\_\_\_\_

Company Contact Person (if different than above): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ / Fax #: (\_\_\_\_\_) \_\_\_\_\_

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

### Donation(s) Information

Description of Donation:

\_\_\_\_\_  
\_\_\_\_\_

Value: \$ \_\_\_\_\_ / Expiration Date: \_\_\_\_\_ ( please indicate N/A if there is no expiration)

Include any additional auction restrictions below:

\_\_\_\_\_

- I will mail my donation to Make-A-Wish by \_\_\_\_\_
- I will deliver my donation to Make-A-Wish by \_\_\_\_\_
- Please arrange for pick-up of my donation. (Please list contact person above)
- Please prepare a certificate for my donation.

Please mail item(s) to:  
Make-A-Wish NCC  
2800 Club Center Drive  
Sacramento, CA 95835

Office Phone:  
(916) 437-0206



# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Make-A-Wish Northeastern & Central California**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do **not** check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions)

**501(c)3**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**2800 Club Center Drive**

Requester's name and address (optional)

6 City, state, and ZIP code

**Sacramento, CA 95835**

7 List account number(s) here (optional)

See Specific Instructions on page 3. Print or type.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN**, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see **What Name and Number To Give the Requester** for guidelines on whose number to enter.

Social security number

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OR

Employer identification number

6	8	-	0	0	2	7	3	5	1
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## Part II Certification

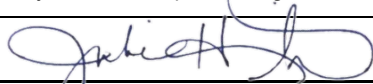
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person



Date

09/21/25

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See** what is backup withholding, later.



## Participant Donor Form

**IMPORTANT:** You must enclose this form with every batch of funds you submit to Make-A-Wish Northeastern & Central California. Without this identification, we may not be able to credit these funds to your fundraising total.

Participant Name: \_\_\_\_\_

Team: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

In the box below, please summarize your enclosed donations:

# of Donations Enclosed	Payment Type	Total Amount
_____	Checks	\$ _____
_____	Cash	\$ _____
_____	Credit Cards	\$ _____
_____	<b>Grand Total</b>	\$ _____

Credit \$ \_\_\_\_\_ towards individual goal  
 (This will be the default if no box is checked)

Credit \$ \_\_\_\_\_ towards team goal

See attached breakdown of funds

Make additional copies of this sheet as needed—save copy of completed forms for your records.

Contact Sydney Ellis at [sellis@ncc.wish.org](mailto:sellis@ncc.wish.org) or 916-837-7356 with any questions/concerns.

Please complete the form below for each donation to ensure proper acknowledgment of the gift.

Make additional copies of this sheet as needed.

Donor Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Donor Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Donor Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Donor Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Donor Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Make-A-Wish  
**TRAILBLAZE  
 CHALLENGE**  
NORTHEASTERN & CENTRAL CALIFORNIA

**EVENT PROPOSAL FORM**

Before you hold an event, Make-A-Wish® Northeastern & Central California must approve this application.  
 Please send completed application to Sydney at [sellis@ncc.wish.org](mailto:sellis@ncc.wish.org).

**Fundraiser Information**

Name of Contact Person: \_\_\_\_\_

List all hikers participating/benefiting from this event or list the team name (Only list team name if only and all teammates will be benefiting.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Location of event (if multiple, list all): \_\_\_\_\_  
 \_\_\_\_\_

Briefly describe event and how funds will be raised: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notes/Special Requests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you plan to publicize the event? \_\_ Yes \_\_ No  
 \*If yes, please submit for approval of any use of the MAW logo and brand. If yes, How?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The individuals organizing the event assume all risks and liabilities associated with the event and hereby release and hold harmless Make-A-Wish Northeastern & Central California and its directors, employees, agents, successors and assigns from and against any and all claims, damages, liabilities, costs and expenses, which may occur in conjunction with the event, including, without limitation, any personal injuries or damage to property which may occur in conjunction with the event.

[Note: This proposal will not become effective until it is approved by Make-A-Wish Northeastern & Central California].

**Proposed** \_\_\_\_\_ **by:** \_\_\_\_\_  
 \_\_\_\_\_  
 Signature

Print Name \_\_\_\_\_ Date \_\_\_\_\_  
**Approved** \_\_\_\_\_ **by:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name/Title

We are deeply grateful for your proposal of this event to benefit Make-A-Wish Northeastern & Central California. It's because of caring people like you that we have been able to bring hope, strength, and joy to so many courageous children