

**Make-A-Wish®**

811 First Avenue, Suite 520  
Seattle, WA 98104  
206 623-5300  
800 304-9474  
206 623-5333 fax  
akwa.wish.org



## Adopt-A-Wish® Agreement

Yes, I wish to participate in Make-A-Wish® Alaska and Washington's Adopt-A-Wish program.

### DONOR INFORMATION

Donor Name: \_\_\_\_\_

Company/Organization (if applicable): \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

- Full donation of \$\_\_\_\_\_ is enclosed.
- Please invoice me for a total of \$\_\_\_\_\_.
- Please charge \$\_\_\_\_\_ to my:
  - Visa    MasterCard    Discover Card    American Express
- Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_
- Name of cardholder \_\_\_\_\_

**Mailing Address:** Make-A-Wish Alaska and Washington  
Attention: Asa Tate, Director of Philanthropy & Mission Advancement  
811 First Avenue, Suite 520  
Seattle, WA 98104

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please call 800 304-9474 for information.

<b><u>For Office Use Only</u></b>	
Child: _____	Chapter: _____
Illness: _____	Age: _____
Wish: _____	

*Make-A-Wish Alaska and Washington's Federal Tax ID number is 91-1329433. The chapter may expend the funds as deemed appropriate in the sole discretion of the chapter in order to support its work.*