

Contact information: * Required Data

FIRST NAME*:	LAST NAME*:	DOB (MM/DD/YYYY)*:		
SPOUSE FIRST NAME:	SPOUSE LAST NAME:	SPOUSE DOB (MM/DD/YYYY):		
ADDRESS*:		CITY*:	STATE*:	ZIP*:
PHONE:	EMAIL:			

Please check one of the following:

- You may recognize my/our gift by including my/our name(s) on the Make-A-Wish[®] America Legacy of Wishes Virtual Donor Wall. Please list my/our name(s) as:

- I/we wish my/our contribution to remain anonymous.

Gift information:

I/we have named the **Make-A-Wish Foundation[®] of Alaska and Washington** as a beneficiary in my/our estate plan.

If you have named more than one chapter or a combination of a chapter and the Make-A-Wish Foundation[®] of America, please name the additionally named beneficiary:

- I am happy to share my story with Make-A-Wish. Please feel free to contact me.

Additional information (the following information is optional, please check all that apply):

I have named Make-A-Wish as a beneficiary of my/our:

- Will/Trust
- Charitable Trust
- Annuity
- IRA or Retirement Plan
- Life Insurance
- Other _____

Attorney's Contact Information:

Name:

Phone:

Comments:

Please return the completed form to:

Make-A-Wish Foundation[®] of Alaska & Washington
811 First Avenue, Suite 520, Seattle, Washington 98104
Fax: 206.623.5333 | Email: Jan@akwa.wish.org