



Make-A-Wish Foundation® International
MAIL-IN DONATION FORM

DONOR INFORMATION

NAME : _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE/PROV.: _____

COUNTRY: _____ POSTAL CODE: _____

PHONE: _____ E-MAIL: _____

Yes! I want to receive heartwarming wish stories, news and information from around the world!

Please add me to: E-mail List Post Mail List

PLEASE SELECT THE ENTITY YOU WOULD LIKE YOUR DONATION TO BENEFIT:

- Make-A-Wish Foundation International
- An International Affiliate – please select from the list below.

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Argentina | <input type="checkbox"/> Hong Kong | <input type="checkbox"/> Panama |
| <input type="checkbox"/> Australia | <input type="checkbox"/> India | <input type="checkbox"/> Peru |
| <input type="checkbox"/> Austria | <input type="checkbox"/> Ireland | <input type="checkbox"/> Philippines |
| <input type="checkbox"/> Belgium South | <input type="checkbox"/> Israel | <input type="checkbox"/> Portugal |
| <input type="checkbox"/> Belgium Vlaanderen | <input type="checkbox"/> Italy | <input type="checkbox"/> Singapore |
| <input type="checkbox"/> Brazil | <input type="checkbox"/> Japan | <input type="checkbox"/> Spain |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Korea | <input type="checkbox"/> Switzerland |
| <input type="checkbox"/> Chile | <input type="checkbox"/> Malaysia | <input type="checkbox"/> Taiwan |
| <input type="checkbox"/> Denmark | <input type="checkbox"/> Mexico | <input type="checkbox"/> Thailand |
| <input type="checkbox"/> France | <input type="checkbox"/> Netherlands | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Germany | <input type="checkbox"/> New Zealand | <input type="checkbox"/> United Arab Emirates |
| <input type="checkbox"/> Greece | <input type="checkbox"/> Pakistan | <input type="checkbox"/> United Kingdom |

DONATION OPTIONS:

Enclosed is my gift of \$_____ (Please make check payable to **Make-A-Wish Foundation International**)

Please charge my credit card for \$_____

- MasterCard® Visa® American Express® Discover®

Credit Card Number: _____ Expiration Date _____ Sec. Code: _____

Name on Card: _____

Signature _____

Please return this donation form to:
Make-A-Wish Foundation International
 4742 North 24th Street, Suite 400
 Phoenix, AZ 85016 USA
 Fax: +1 602 230 9627 (Credit Card Donations Only)