

# wish

Share the power of a

[www.wishmich.org](http://www.wishmich.org)

877.631.WISH  
Grand Rapids

800.622.WISH  
Ann Arbor

MAKE-A-WISH FOUNDATION® OF MICHIGAN

# MAKE-A-WISH®



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

YOUR  
HELP  
STARTS  
HERE

### Make-A-Wish Foundation® of Michigan

230 Huron View Boulevard

Ann Arbor, MI 48103

*You believe,*

*They dream,*

***Magic happens!***



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*Make-A-Wish Foundation® grants the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength, and joy.*

**(Please print all information)**

Enclosed is my gift for  \$500  \$250  \$100  \$50  \$35  OTHER (\$ ) Date \_\_\_\_\_  
Check *Please make check payable to Make-A-Wish Foundation of Michigan*  
Credit Card  MasterCard  Visa  Discover® Card  American Express

I'd like to be a *Monthly Magic Maker* -- Please charge the amount noted above to my credit card monthly

**\*\*CREDIT CARD NUMBER**

Exp. Date

Signature (required)

**DONOR'S NAME**

Address

City

State

Zip

Daytime phone ( )

E-mail address

**Should you like to make your gift a Memorial or Honorary tribute, complete the following:**

In memory of:

In honor of:

Commemorating:

*(Indicate birthday, anniversary or other occasion)*

**Send acknowledgment card to:**

Name

Address

City

State

Zip

Name(s) to be signed on card

- I would like to volunteer. Please send information.
- Please send additional envelopes to me.
- Please send additional information on the Make-A-Wish Foundation.
- I have included Make-A-Wish Foundation of Michigan in my will/estate plans.

**spr06**

*Thank You for your Tax-Deductible Contribution.*