



Thank you for helping create life-changing wishes! Tell us about your fundraising idea/activity by completing and submitting the form below to your local Make-A-Wish chapter office. A representative from Make-A-Wish will contact you shortly to discuss your proposed activity/project and provide you with more information.

## TELL US ABOUT YOUR EVENT

Are you:  School Club/Group  Non-School Club/Group  Individual (age 13+)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of fundraising idea(s)/activity: \_\_\_\_\_

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

Location of Event/Fundraiser: \_\_\_\_\_

Date(s)/time(s) of fundraiser: \_\_\_\_\_

School/Group Name: \_\_\_\_\_

School/Group School Address: \_\_\_\_\_

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

Number of participants: \_\_\_\_\_

Fundraising Goal: \_\_\_\_\_

## Fundraising Rules

- Make-A-Wish® does not allow door-to-door or telephone solicitations.
- To protect the Make-A-Wish brand, please be careful when using the Make-A-Wish name and logo. Note that “Make-A-Wish” is spelled with a capital “A” and has hyphens between the words. Please also note that our logo may not be altered in font, color, configuration or position. The name and logo should never be altered for a specific event (i.e., “Bake-A-Wish”).
- The Make-A-Wish mission is to create life-changing wishes for children with critical illnesses. When talking about Make-A-Wish, please do not use words such as “terminally ill” or “dying,” as many wish kids do not have a terminal condition. These labels can instill a sense of defeat and can be counterproductive as our wish kids continue to fight to overcome their illnesses.
- Please keep careful track of money you raise and send funds directly to your local Make-A-Wish chapter office within one month of your fundraiser.
- If you plan to advertise your fundraising event outside of your school/group community, it is important that you coordinate this in advance with your local Make-A-Wish chapter office.

*We have read and agree to follow the above Wishmakers On Campus fundraising rules:*

\_\_\_\_\_  
Your Name (*print name*)

\_\_\_\_\_  
Approved by (*print name*)

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Signature of Make-A-Wish Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

[philadesv.wish.org](http://philadesv.wish.org)

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