



# MAIL-IN DONATION FORM

**Wishes come true, thanks to you.**

Together, we create life-changing wishes for children with critical illnesses.

## DONOR INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

YES, I would like to be added to your email list.       YES, I would like to be added to your mailing list.

## CONTRIBUTION INFORMATION

Check/Money Order      Amount Enclosed: \$ \_\_\_\_\_

Credit Card (please check card type)       MasterCard®       Visa®       Discover®       American Express®

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name: \_\_\_\_\_ CVV Number: \_\_\_\_\_  
(as it appears on credit card)      (3-digit security code on back of card)

**PLEASE MAKE CHECKS PAYABLE TO** Make-A-Wish Southern Nevada

## FUNDRAISER

I would like to make this donation to:

Event Name: 2021 Walk For Wishes - Southern Nevada

Participant Name: Ms. Andrea Mickles-Tadich

Participant ID: 2252247

Team Name: A-team

**Please mail donations to:**  
Make-A-Wish Southern Nevada  
9950 Covington Cross Drive

Las Vegas, NV 89144

The Make-A-Wish Foundation® is exempt under section 501(c)(3) of the Internal Revenue Code making this gift tax-deductible.