MAKE-A-WISH®
Greater Virginia

DONATION FORM

Donor Information (please list billing address):

NAME:_____ PHONE: ( )_____-_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

Contribution Information:

Check/ Money Order Amount Enclosed: $ _____

☐ Credit Card (please indicate type of card) ☐ Master Card ☐ VISA ☐ Discover ☐ American Express

Credit Card #: _____ CVV2 #: _____ Exp. Date: _____

Cardholder Name: (as it appears on credit card)_____

Designation:

I would like to make this donation to:

☐ **Make-A-Wish® Greater Virginia**

☐ Other Make-A-Wish® chapter (include zip code of chapter) _____

☐ Make-A-Wish® America

Please mail donations for the Greater Virginia chapter to:

Make-A-Wish Greater Virginia
2810 N. Parham Road, Suite 302
Richmond, VA 23294

Please mail donation for another chapter or Make-A-Wish® America to:

Make-A-Wish
P.O. Box 29119
Phoenix, AZ 85038

☐ My donation is in **MEMORY** of:	☐ My donation is in **HONOR** of:
Individual's Name:_____	Individual's Name_____
Send gift notification to:	**Send gift notification to:**
Name:_____	Name:_____
Address: _____	Address: _____
City:_____	City:_____
State: _____ Zip Code: _____	State: _____ Zip Code: _____

We grant the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy.