

Club 365 – Monthly Giving

I wish to be a Marine

Jorge, 5
retinoblastoma



OVERVIEW

Club 365 is a monthly giving club that allows you to become a sustaining member and make a difference in the lives of local children who are battling critical illnesses. Making a monthly gift is an easy, cost-effective way to provide stability to ensure we can grant wishes year-round!

EASY: Simply complete and mail the form on the reverse side, sign-up online at va.wish.org or call Zack Spaeth, Donor Relations Specialist at (804) 217-9474 ext. 1283.

CONVENIENT: Your gifts are processed automatically and will appear on your credit card statement. We'll send you a monthly tax-receipt and you never have to remember to renew your support.

SAFE: Once your credit card is entered into our database, it is encrypted.

FLEXIBLE: If for any reason you wish to change or cancel your contribution, just give us a call and we will gladly accommodate you.

EFFICIENT: Because your gift is processed automatically it reduces paperwork and overhead expenses, which means your donation goes even further.

BENEFITS: Club members receive our monthly e-newsletter to keep you updated on all the life-changing wishes being granted because of friends like you!

For more information or to become a member, contact:
Zack Spaeth, Donor Relations Specialist
zspaeth@va.wish.org | (804) 217-9474 ext. 1283
va.wish.org

Make-A-Wish
GREATER VIRGINIA

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

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CONTRIBUTOR INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

WITH YOUR SPECIAL GIFT, EACH MONTH YOU CAN:

- \$10 – Give a child a fun gift for their wish interview
- \$25 – Provide a special cake for a wish celebration
- \$50 – Give a child souvenirs from their wish
- \$100 – Provide lunch for a wish family during a shopping spree
- Other amount: _____

- Matching Gift – Many companies offer a matching gifts program that could increase your contribution. To find out if your company will match your donation, please contact your human resources department.*

GIFT INFORMATION

Please charge my credit card monthly: Visa MasterCard American Express

Name on Card: _____ Expiration Date: _____

Credit Card Number: _____

Signature: _____