



KIDS FOR WISH KIDS® FUND-RAISING FORM

Group Name: \_\_\_\_\_

School: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Teacher/ Advisor Name: \_\_\_\_\_

Teacher/ Advisor Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Description of fund-raising activity: \_\_\_\_\_

Date and time of fund-raiser: \_\_\_\_\_

Location of fund-raiser: \_\_\_\_\_

Estimated number of participants: \_\_\_\_\_

Would you like a Make-A-Wish® representative to meet with your group, speak at an assembly, or attend a check presentation? (if yes, please describe)

Will you need any other support from the Make-A-Wish Foundation®? (if yes, please describe.) \_\_\_\_\_

We have read and agree to follow the attached Kids For Wish Kids Fund-raising Rules.

PROPOSED BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Teacher or School Representative

Date: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Make-A-Wish Foundation  
of \_\_\_\_\_

Date: \_\_\_\_\_