Wishmakers On Campus® Fundraising Form

Group Name: ____________________________________________________________________________

School: __________________________________________________________________________________

Address: __________________________________________________________________________________

Phone: ___________________________________________  Fax: __________________________________

Teacher/Advisor Name: ____________________________________________________________

Teacher/Advisor Phone: ____________________________ Email: ________________________________

Description of fundraising activity: _________________________________________________________

Date and time of fundraiser: _______________________________________________________________

Location of fundraiser: __________________________________________________________________

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 Adopt-A-Wish® Fundraising Rules.

PROPOSED BY:  APPROVED BY:

_________________________________  _____________________________________________

Signature  Signature

_________________________________  Make-A-Wish Foundation  Date: ______________________________

Name of Teach or School Representative  of __________________________

Date: ______________________________
Wishmakers on Campus® Fundraising Rules

Thank you for helping us to make wishes come true! In planning and conducting your fundraiser, please adhere to the following rules:

- We do not allow door-to-door or telephone solicitation.

- Please use care when using the Make-A-Wish Foundation® name and logo. Note that “Make-A-Wish®” is spelled with a capital “A” and with hyphens (not “Make a Wish”). Also, please do not alter our “swirl and star” logo by customizing it to your specific event (e.g., do not change the logo to read “Make-A-Cake” if your school is conducting a cake walk). Taking care in these matters helps us protect our brand!

- Our mission is to grant the wishes of children with life-threatening medical conditions. Please do not refer to the children we serve as “terminally ill” or “dying,” as these labels can instill a sense of defeat and can be counterproductive as our wish kids fight to overcome their illnesses. Many of these children are able to beat their illnesses, and we believe in the importance of keeping a positive mindset!

- Please keep careful track of the money that you raise, and send the money directly to your local Make-A-Wish chapter office within one month after the end of your fundraiser.

- If you are going to advertise your fundraising event outside of the school community, please coordinate this with your Make-A-Wish chapter office.

- If you would like any more information about the Make-A-Wish Foundation or if you would like any collateral materials about the Make-A-Wish Foundation to distribute at your fundraising event, please contact your local Make-A-Wish chapter office.

***

Thank you again for your support!