



Make-A-Wish Foundation®
of Michigan
230 Huron View Blvd.
Ann Arbor, MI 48103

734.994.8620
www.wishmich.org

Rider/ Volunteer Full Name _____

Team Name (if known)

Yes! I would like to make a contribution to help Make-A-Wish of Michigan

- will grant the entire wish of one deserving child \$8,000
- will purchase airfare to an exciting destination \$1,000
- covers the cost of lodging on a vacation wish \$500
- provides luggage as they embark on a travel wish \$100
- provides a meal for a wish family on their wish \$75
- provides fun ice breaker gifts for a wish child \$35
- Other \$_____

Please make your checks payable to Make-A-Wish of Michigan

Your Name _____

Address _____

City _____ State _____

Zip/ Postal Cods _____

Donor Phone _____

Please mail check or money order to:

Make-A-Wish Foundation of MI Attn WAM
230 Huron View Blvd
Ann Arbor, MI 48103

Please do not send cash.

The Make-A-Wish Foundation of Michigan does not share your personal information externally and will never solicit by phone