



The All-Star Campaign

Organization Name

Primary Contact

Address

City

State

Zip

Primary Contact Phone

Fax

Primary Contact Email

- We would be thrilled to participate in the *All-Star Campaign*. We plan to run the campaign from _____ to _____. (One-month minimum suggested.)
- Blue stars come in packages of **100** and can be sold at a minimum of \$1 each, for a total of **\$100**. **Number of packages requested:** _____

By signing below, you agree to return all *All-Star Campaign* proceeds and any unsold stars to the Make-A-Wish Foundation of Michigan within 30 days of the campaign's completion.

Signature: _____ Date: _____

Please return this form to Ellie Andrus:

Fax: 616.363.5415

Email: eandrus@wishmich.org



For Official Use Only:

Date Sent: _____

Initials: _____