



Kids for Wish Kids® Fund-Raising Form

Group Name: _____

School: _____

Address: _____

School District: _____

Phone: _____ Fax: _____

Teacher/Advisor Name: _____

Best time of day to reach you: _____

Email Address: _____

Description of fund-raising activity: _____

Date & Time of fund raiser: _____

Estimated Donation: _____

What resources, if any, do you request from Make-A-Wish? _____

How did you hear about the Kids for Wish Kids program? _____

