



Become a *Wishmaker*® and help us make a difference every month!

Wishmakers are dedicated donors who support the Make-A-Wish Foundation of the Mid-South with monthly contributions. These gifts make it possible for the Mid-South Chapter to give hope, strength and joy to children with life-threatening medical conditions. Through their monthly support, these special friends help grant wishes for children in the Mid-South.

For over 20 years, the Make-A-Wish Foundation of the Mid-South has granted wishes to more than 3,100 children in West Tennessee, North Mississippi and Arkansas. With the help of friends like *Wishmakers*, we continue to grant more wishes to children every year. We serve over 270 children and their families every year and have never turned away a child's wish due to lack of finances.

What is a *Wishmaker*?

Wishmakers commit to a monthly donation to the Make-A-Wish Foundation of the Mid-South through ongoing credit card payments, or electronic funds transfers from a checking account. You choose the amount you want to pledge. You may cancel your monthly gift at any time by simply notifying us in writing.

As a *Wishmaker*, you will receive:

- Monthly communications from the Mid-South Chapter by email including wish stories featuring children being helped by your contributions. Our goal is to keep you connected with the Foundation and the special children we serve.
- A tax letter acknowledging your cumulative annual contribution, mailed in January of each year.
- The knowledge that you are playing an important part in granting a sick child's wish.



Make-A-Wish Foundation of the Mid-South ~ 1780 Moriah Woods Blvd., Suite 10 Memphis, TN 38117

THE MAKE-A-WISH FOUNDATION® WISHMAKERS MONTHLY GIVING AUTHORIZATION

Yes! I would like to become a **Wishmaker** by authorizing a monthly payment of:

\$10 \$20 \$50 \$60 \$100 \$500 Other \$_____

A minimum \$10 monthly contribution is required to participate.

Name _____ Phone () _____

Address _____

E-mail* _____

See reverse side for monthly contribution form and information.

Please return this form to: Make-A-Wish Foundation, 1780 Moriah Woods Blvd., Suite 10, Memphis, TN 38117 or fax to: 901-680-0912.

*address where you prefer to receive monthly wish story.

For monthly withdrawals from your checking account:

Authorization Agreement for Direct Payments

I hereby authorize the Make-A-Wish Foundation, hereinafter referred to as COMPANY, to initiate a monthly debit of \$___ beginning on the 25th of this month, of (year) _____. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name (your bank)

*Bank Routing Transit #

Name on Account

*Customer Account Number

***Must include canceled check.**

For monthly contributions from your credit card:

Card Type: VISA MasterCard Discover AmEx

Name of Cardholder: _____

Card Number: _____

Expiration Date: _____ CVV# _____
(3-digit code on back of card)

Billing Address: _____

City, State Zip _____

Name (Please Print)

Signature

Date

This authority to remain in full force and effect until Company has received a written notification from me 30 days in advance of its termination. I also recognize that I must notify the Company of any changes in banks or accounts to ensure proper and timely debit to my account 30 days prior to agreed upon monthly transaction date.