



**Please fill out all required information, noted with an asterisk, then mail or fax this form to A Special Wish Foundation, Inc.**

**Mail Address: 1250 Memory Lane N - Suite B  
Columbus, Ohio 43209**

**Fax Number: 1-614-258-3518**

**Donor Information**

First Name*:	
Last Name*:	
Address*:	
Address 2*:	
City*:	
State, Zip Code*:	
Country*:	
Daytime Phone*:	
Evening Phone*:	
e-Mail Address*:	

**Request For Additional Information:**

**Please send me information on the following topics:**

Planned Giving

Volunteerism

Newsletter

**Donation Information:**

*Please note that if you are mailing your donation, you may enclose a check.*

Donation Amount:

Contribution is:

**In Honor of:**

**In Memory of:**

I have included information on my employer for a matching gift.

**Payment Information:**

**Name (as it appears on credit card)** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

Visa

Mastercard

American Express