



Make-A-Wish Foundation® of Greater Ohio, Kentucky & Indiana

Fundraising Form

Contact Information

Name: _____

Address: _____

City, State, ZIP: _____

Phone: () _____ Fax: () _____

Email: _____

School Information

School Name: _____ School District: _____

Class or Group: _____ Advisor: _____

Address: _____

City, State, ZIP: _____

Phone: () _____ Fax: () _____

Email: _____

What grade levels are taught? _____ How many students attend? _____

Project Information

Project Name: _____ Project Date: _____

What is your fundraising goal for Make-A-Wish: \$ _____

Please describe your project and how the funds will be raised. (Please include location, time, and other details.) _____

We have read and agree to follow the attached Students For Wish Kids Fundraising Rules.

Signature: _____ Date: _____

Printed Name: _____

Make-A-Wish Foundation® of Greater Ohio, Kentucky & Indiana
Northeast Ohio Region (216) 241-3570 • (216) 241-3618 fax • www.makeawishohio.org
Central Ohio Region (614) 923-0555 • (614) 923-0573 fax • www.makeawishohio.org
Southern Ohio Region (513) 745-9474 • (513) 745-9660 fax • www.makeawishohio.org
Kentucky Region (502) 327-0705 • (502) 327-0706 fax • www.makeawishky.org
Indiana Region (317) 636-6060 • (317) 636-2445 fax • www.makeawishindiana.org