



2014 Wishmaker® Club

2014 Gift/Pledge Commitment

I am pleased to become a member of the Monthly Wishmaker Club to help grant the wishes of children in Massachusetts and Rhode Island

I pledge the amount of:

- \$50
- \$25
- \$15
- Other \$ _____

Per month for 12 months for a total of \$ _____.

Payment

I will make monthly pledge payments:

- Please charge my credit card monthly. *Your credit card will be charged on or around the 20th of each month.*
- By check (make payable to Make-A-Wish® Massachusetts and Rhode Island)

I prefer to make a one-time gift of: ___\$250 ___\$150 ___\$100 ___\$50 ___\$25 \$___Other

- By check (make payable to Make-A-Wish® Massachusetts and Rhode Island)
- Please charge my credit card.

Credit Card Information:

MasterCard/Visa/Discover _____ Exp. Date: _____

American Express _____ Exp. Date: _____

Donor Information

Name(s): _____

Address: _____

City/State/Zip Code: _____

Phone: _____ E-Mail: _____

Signature: _____ Date: _____

- My employer will match my gift. Company form enclosed.
- YES, please send me/us periodic emails featuring wish stories, Foundation news, and event information.

Please mail or fax completed form to:
Make-A-Wish® Massachusetts and Rhode Island
One Bulfinch Place, 2nd Floor, Boston, MA 02114
617.367.9474 (phone) 617.367-1059 (fax) www.massri.wish.org
All gifts are deductible for income tax purposes to the extent permitted by law.