



2020 Wishmaker® Club

2020 Gift/Pledge Commitment

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

I pledge the amount of:

- \$50
 \$25
 \$15 (minimum)
 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
133 Federal St, 2nd Floor, Boston, MA 02110
617.367.9474 (phone) 617.367-1059 (fax) massri.wish.org

All gifts are deductible for income tax purposes to the extent permitted by law.