

KIDS FOR WISH KIDS FUND-RAISING PROPOSAL

ORGANIZATION INFORMATION

Group Name: _____

School Name: _____

School Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Teacher/Advisor Name: _____

Phone: _____ Fax: _____ E-Mail: _____

EVENT INFORMATION

Name/Title: _____

Complete description: _____

Event Date(s): _____

Time/Duration: _____

Location(s): _____

Anticipated number of participants: _____

% of revenue to be donated to Make-A-Wish Foundation: _____

ADDITIONAL INFORMATION

Would you like a Make-A-Wish Foundation representative to meet with your group, speak at an assembly, or attend a check presentation? _____ Yes _____ No

If yes, please describe: _____

Will you need any other support from the Make-A-Wish Foundation (i.e. banners, newsletters, Dress Down Day stickers, etc)? _____ Yes _____ No

If yes, please describe: _____