



# DONATION FORM

**Nova, 8**  
cystic fibrosis

I wish to be a rock star

.....  
**COMPANY NAME** \_\_\_\_\_

## DONOR INFORMATION

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Yes, I would like to be added to Make-A-Wish® e-mail list.

Yes, I would like to be added to Make-A-Wish mailing list.

## GIFT INFORMATION - PAYROLL DEDUCTION

Choose A or B and fill in the blanks with the amount of your contribution.

**A)** \$ \_\_\_\_\_ x per pay period/year = \$ \_\_\_\_\_ Total Donation

Example Donation:	\$20 x 26 pay periods = \$520	\$10 x 26 pay periods = \$260
	\$15 x 26 pay periods = \$390	\$5 x 26 pay periods = \$130

**B)** A one-time payroll deduction donation in the amount of \$ \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, I want to be acknowledged by Make-A-Wish.