

Women's Circle of Wishes Registration Form

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Membership start date: _____

Birthday: _____

I pledge a \$500 tax-deductible contribution to support granting wishes!

Enclosed is my check made payable to "Make-A-Wish":

\$500 paid in full

\$250 enclosed. The next payment is due 6 months from today. Due Date: _____

\$41.67 enclosed. I will send checks monthly.

Please charge my credit card: Visa® MasterCard® American Express®

One payment (\$500) to be charged upon receipt

Please charge \$250 today. The next payment will be charged 6 months from today.

Monthly (\$41.67/month)

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

Mail with donation to:
Make-A-Wish Orange County and the Inland Empire
3230 El Camino Real, Suite 100
Irvine, CA 92602



Together, we create life-changing wishes for children with critical illnesses.