

**Club 365 Enrollment Form**

Yes, I wish to become a monthly donor.

**DONOR INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please provide your contact information in case we need to contact you regarding your monthly gift.

My phone number: \_\_\_\_\_

My email address: \_\_\_\_\_

I'd like to learn about the wishes being granted and receive the monthly Make-A-Wish eNewsletter.

**GIFT INFORMATION**

Enclosed is my gift of \$\_\_\_\_\_ (minimum \$5 per month)

Please charge my credit card for \$\_\_\_\_\_ (This authorization will remain in effect until I notify Make-A-Wish that I wish to end this agreement)

Visa    MasterCard    American Express    Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_