

## ENROLLMENT FORM

### Contact information: \* Required Data

FIRST NAME*:	LAST NAME*:	DOB (MM/DD/YYYY)*:		
SPOUSE FIRST NAME:	SPOUSE LAST NAME:	SPOUSE DOB (MM/DD/YYYY):		
ADDRESS*:	CITY*:	STATE*:	ZIP*:	
PHONE:	EMAIL:			

### Please check one of the following:

- You may recognize my/our gift by including my/our name(s) on the Make-A-Wish® America Legacy of Wishes Virtual Donor Wall. Please list my/our name(s) as:
- \_\_\_\_\_
- I/we wish my/our contribution to remain anonymous.

### Gift information:

- I/we have named **Make-A-Wish® Ohio, Kentucky & Indiana** as a beneficiary in my/our estate plan.
- Additional Comments:
- \_\_\_\_\_
- I give the balance of my [Delta Air Lines, United Airlines or Continental Airlines] frequent flyer miles, Account # \_\_\_\_\_ to Make-A-Wish® Ohio, Kentucky & Indiana, Tax ID 34-1471131, to be used or disposed of as its Board of Directors deems appropriate in its sole discretion.
- I am happy to share my story with Make-A-Wish. Please feel free to contact me.

### Additional information (the following information is optional, please check all that apply):

<p>I have named Make-A-Wish as a beneficiary of my/our:</p> <p><input type="checkbox"/> Will/Trust      <input type="checkbox"/> Life Insurance</p> <p><input type="checkbox"/> Charitable Trust    <input type="checkbox"/> Annuity</p> <p><input type="checkbox"/> IRA or Retirement Plan</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Attorney's Contact Information:</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Comments:</p>
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**Please return the completed form to:**  
 Make-A-Wish® Ohio, Kentucky & Indiana  
 6060 Rockside Woods Blvd., Suite 315 Independence, OH 44131  
 Phone: 216-367-5654 | Email: [Keriha@oki.wish.org](mailto:Keriha@oki.wish.org)