



We Gladly Accept



If you prefer to mail in your contribution, simply complete this form and mail it to:  
Kids Wish Network, Inc.  
Attention: Development Department  
4060 Louis Ave.  
Holiday, Florida 34691

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

KWN Rep: \_\_\_\_\_

Name on Card (*Exactly as it appears*): \_\_\_\_\_

Credit Card Type:     Visa                       MasterCard                       Discover

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

Exp Date: Mo \_\_\_\_\_ Yr \_\_\_\_\_                      Security Code: \_\_\_\_\_

Donation: \$ \_\_\_\_\_                       One-Time                       Recurring

Dedication?     Yes                       No

In Honor     In Memory     A gift for \_\_\_\_\_  
(name)

Acknowledge to:  
Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

Contact Information:

Salutation: \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

Street: \_\_\_\_\_

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

Phone No. (         ) \_\_\_\_\_

Email Address: \_\_\_\_\_