



REQUEST A WISH

DO YOU KNOW SOMEONE WHO IS DESERVING OF A GRANTED WISH?

REQUESTER'S INFORMATION

YOUR NAME _____ DATE _____

YOUR ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

YOUR E-MAIL ADDRESS _____

NOMINEE INFORMATION (If Different)

NOMINEE NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NOMINEE'S E-MAIL ADDRESS _____

How did you hear about us? _____

WISH INFORMATION:

Please state the exact wish you are requesting. _____

DETAILED INFORMATION:

You must provide explicit, detailed information about the wish request, the nominee and why you feel this person deserves this wish to be granted. Include any family background, medical or financial hardships, etc.

Continue on back

Mail or Fax to:
THE GRANTED WISH FOUNDATION
 3939 Everhard Rd. NW
 Canton, OH 44709
 Fax: 330-244-6016
 Phone: 330-244-WISH
 www.grantedwish.org

