Make-A-Wish Foundation® of Massachusetts and Rhode Island

DONATION CHECKLIST/SUBMISSION FORM

Thank you for participating in **Jeans For Wishes** to benefit the Make-A-Wish Foundation of Massachusetts and Rhode Island! Your enthusiasm and commitment will support wishes for children with life-threatening medical conditions who reside in your community.

Please follow the instructions below to ensure that your organization is accurately credited and recognized. Please note that individual receipts can only be provided for donations made by check or money order payable to the Make-A-Wish Foundation of Massachusetts and Rhode Island.

- ☐ Complete the form below and submit with your donation check(s) to the office nearest you.
- ☐ Make sure that all checks are made payable to the Make-A-Wish Foundation of Massachusetts and Rhode Island.
- ☐ Write the name of your organization on the top of all checks.
- ☐ **PLEASE DO NOT SEND CASH**. Issue one check, cashier's check, or money order for the total of all cash contributions.
- ☐ If you are a participating company that matches gifts, please include your company's matching gift form so that we may process your match.
- ☐ Mail contributions using the envelope provided in your kit or send to:

Make-A-Wish Foundation® of Massachusetts and Rhode Island

Eastern Massachusetts
One Bulfinch Place, 2nd Floor
Boston, Massachusetts 02114
617.367.2669 (phone)
617.367.1059 (fax)
boston@massri.wish.org

Western/Central Massachusetts
181 Park Avenue, Suite 112
West Springfield, Massachusetts 01809
413.733.9474 (phone)
413.731.9658 (fax)
wspringfield@massri.wish.org

Rhode Island
One State Street, Suite 100
Providence, Rhode Island 02908
401.781.9474 (phone)
401.781.0475 (fax)
rhodeisland@massri.wish.org

Please complete this form, detach, and submit with your contribution

Jeans For Wishes Donation Form

Coordinator Name: _____ **Phone Number:** _____

Organization Name: _____ **Email Address:** _____

Street Address: _____

City, State, Zip Code: _____

No. of Checks Enclosed: _____ **Total Contribution Amount:** _____