MedWish International

DONATION FORM

Host Name: _____ **Host Address:** _____

Event Date: _____ **Event Location:** _____

MedWish International will provide letters of donation to financial contributors attending your event.
Record complete donor information on this page to ensure proper credit of each donation.

- **Checks should be made out to: MedWish International**
- **Please fill out credit card form for all credit card transactions to attach to the donation form**
- **Do not mail cash**

NAME	ADDRESS	PHONE	PAYMENT METHOD	DONATION AMOUNT

Please send the donation form, credit card form, and checks (if applicable) to:
MedWish International, 17325 Euclid Ave. Cleveland, OH 44112