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

MedWish International *Summer of 1,000 Dinners* **Credit Card Form**

NAME- as printed on card	**BILLING ADDRESS**	**DONATION AMOUNT**	**CREDIT CARD** Mastercard Visa/ Discover	**CREDIT CARD NUMBER**	**EXP DATE**	**SEC CODE** 3or 4 digits	**SIGNATURE**

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