



Wishmakers
★ON CAMPUS★

Project Proposal Form

Thank you for helping make wishes come true through our Wishmakers On Campus program. Please complete and return this form by fax or mail at least three weeks prior to your fundraising event.

1. SCHOOL INFORMATION

Student name: _____

Phone: _____ E-mail: _____

Best way to contact: _____ Best time to contact: _____

School name: _____

School address: _____

Phone: _____ Fax: _____

Teacher/Advisor name: _____

Fundraising for a group or club? Please list your group name (Student government, fraternity, sorority, etc.): _____

2. FUNDRAISER INFORMATION

Title of fundraiser (if applicable): _____

Date/Time: _____ Location: _____

What is your goal? \$ _____ Estimated number of participants: _____

Fundraiser description: _____

Would you like a Make-A-Wish representative to meet with your group, speak at an assembly, or attend a check presentation? (If yes, please describe) Yes No _____

* All efforts will be made to fulfill Make-A-Wish representative requests however it is not always possible. At least two weeks advance notice is required for representative requests.

Will you need any other support from Make-A-Wish? (If yes, please describe) Yes No _____



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3. FUNDRAISING GUIDELINES (Please provide your initials after each paragraph)

1. I understand Make-A-Wish does not allow the use of door-to-door or telephone solicitation in any way. ____
2. I will use care when using the Make-A-Wish name and logo. (Note that “Make-A-Wish” is spelled with a capital “A” and with hyphens. Also, please do not alter our “swirl and star” logo by customizing it to your specific event - such as “Make-A-Cake” for a cake walk.) ____
3. I agree that the first time the name “the Make-A-Wish®” or “Make-A-Wish® Southern Florida” is used, the ® symbol will be used as well. ____
4. I agree to have a Make-A-Wish chapter representative approve all materials that bear or reprints the Make-A-Wish logo or name before I distribute them. This includes, but is not limited to, press releases, posters, flyers, and advertisements. ____
5. I understand the mission of Make-A-Wish is to grant the wishes of children with life-threatening medical conditions. I will not refer to the children as “terminally ill” or “dying.” (Our organization exists to serve these kids and their families and we are always careful to use language which is sensitive to them. The majority of the children whose wishes we have fulfilled are survivors – we believe their wishes have had a positive impact on their well-being.) ____
6. I will consult a Make-A-Wish representative before I contact any company or organization to solicit sponsorships, auction items, or donations of any kind. ____
7. I agree to provide Make-A-Wish with the event net proceeds - along with a description of all project expenses and revenues - within **thirty (30) days** after the fundraising event. ____

PROPOSED BY:

Signature of Sponsoring Teacher or Advisor

Name of Sponsoring Teacher or Advisor

Date

APPROVED BY:

Signature of Make-A-Wish Representative

Name of Make-A-Wish Representative

Date

Please email or fax this completed form and direct questions to:

Fort Lauderdale Office

Ancel Pratt, III
Special Events Coordinator
4491 South State Road 7, Suite 201
Fort Lauderdale, FL 33314
Tel (954) 967-9474 ext. 319
Fax (954) 967-2468
apratt@sflawish.org

Bonita Springs Office

Taylor Marini
Development Coordinator
3655 Bonita Beach Road,
Suite 3
Bonita Springs, FL 34134
Tel (239) 992-9474
Fax (239) 992-2833
tmarini@sflawish.org

Thank you for helping make wishes come true!