



# 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  \_\_\_\_\_

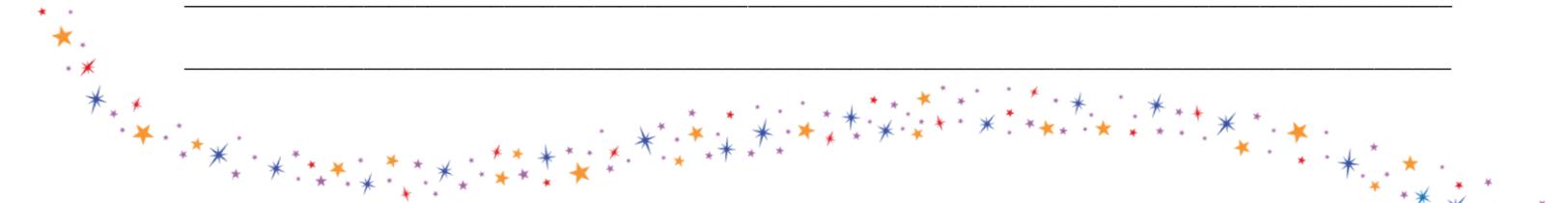
\_\_\_\_\_

\* 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](mailto: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](mailto:tmarini@sflawish.org)

*Thank you for helping make wishes come true!*