



**LEGACY OF WISHES ENROLLMENT FORM**

*\*Required Data*

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_ I/we have some additional questions. Please have a planned giving officer contact me.

**Please check one of the following:**

\_\_\_\_ You may publically recognize my/our gift by including my/our name(s) in publications and online. Please list my/our name(s) as:

\_\_\_\_\_

\_\_\_\_ I/we wish my/our contribution to remain anonymous.

\_\_\_\_ I am happy to share my story with Make-A-Wish.

Please feel free to contact me.

**GIFT INFORMATION:**

I/we have named Make-A-Wish Maine as a beneficiary in my/our estate plan.

Comments:

The following information is optional. Please check all that apply:

I have named Make-A-Wish Maine as a beneficiary of my/our:

- Will/trust
- Charitable Trust
- Annuity
- IRA or Retirement Plan
- Life Insurance
- Other \_\_\_\_\_

**Attorney's Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Comments:

**Please complete this form and return to Make-A-Wish Maine at:**

477 Congress Street, Suite M1  
Portland, ME 04101

Or return by fax at 207-221-2028.

**For questions**, please contact us at 207-221-2306 or email [wishme@maine.wish.org](mailto:wishme@maine.wish.org).

