



WISH Circle — WOMEN INSPIRING STRENGTH AND HOPE

A group of San Diego's dynamic women leaders committed to service and support for Make-A-Wish® San Diego.

I am pleased to join the WISH Circle and understand that this is a one-year commitment.

Name:

Street Address:

City: _____ State: _____ Zip: _____

Phone: _____ cell home

work

Email:

Please select your preferred form of communication: Phone Text Email

Please select your preferred form of payment:

- Enclosed is my check** for \$500 to cover my WISH Circle membership.
- Please charge my credit card** \$500 to cover my WISH Circle membership.

**YOUR IMPACT IS SO GREAT.
THANK YOU FOR ALL YOU DO TO SUPPORT SAN DIEGO
WISH CHILDREN.**



Card Number:

Card Type: _____ Expiration Date: _____

CVV#: _____

Please return this form and payment to:
Make-A-Wish® San Diego, ATTN: WISH Circle
2440 Hotel Circle N., Suite 200, San Diego, CA 92108
or by email to: chornsby@sandiego.wish.org

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