



Make-A-Wish® Eastern North Carolina Wish Granter Contact Information Update 2018

We would like to verify your contact information to ensure our database is accurate. Even if you think we have this information, please complete this form and provide us with your most up-to-date contact information.

Title: (Mr/Ms/Mrs)	Name: First	Middle Initial	Last
Nickname:			
Address: Street		City	State Zip
North Carolina County:		Birth Month/Day:	
Phone: Home (indicate if none)		Cell	
Email:			
Emergency Contact:		Relationship:	
Emergency Contact Phone:			

At Make-A-Wish we rely on corporate donors and sponsors to help us raise funds to grant our wishes. Companies are often eager to learn the ways that they can give back and get involved with our organization. Please update your employer information below and let us know if you would be interested in helping us connect your employer with Make-A-Wish.

Employer:	Position:			
Address: Street		City	State	Zip
May we contact your employer to see if they may be interested in becoming involved with Make-A-Wish? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Would you be interested in connecting Make-A-Wish with your employer to help our organization raise funds to grant more wishes? <input type="checkbox"/> Yes <input type="checkbox"/> No				