

Make-A-Wish[®]

IOWA



A **FOREVER** Wish

I/We wish to contribute to the
Make-A-Wish Humboldt County
in the amount of \$ _____

Name _____

Phone: _____

Address _____

City _____

State ___ Zip _____

Email _____

Please Make Checks Payable to:

Make-A-Wish Humboldt County
29 5th Street South
Humboldt, IA 50548

THANK YOU!

HONORING DONORS IN A PERSONALIZED AND MEANINGFUL WAY

on the "Humboldt County Wall of Wishes" donor
wall which will be located at the
Humboldt County Memorial Hospital.

I would like my name or organization displayed like:

DONOR LEVELS

\$15,000 - \$300,000

\$5,000 - \$14,999

\$2,500 - \$4,999

\$100 - \$2,499

To learn more about how to give to the Humboldt
County/Make-A-Wish Endowment please go to:
humboldtgives.com or humboldthospital.org