



Wish Form

Date:

Child's Name:

Parent/Guardian Name(s):

Mailing Address:

City, State, & Zip Code:

Phone Number:

Alternate Phone:

Email Address:

Complete Diagnosis:

Child's Wish:

Describe your child's wish in detail (Where to purchase, why your child wants/needs this, etc.):

Send the completed form along with a current picture of your child to:

**The Foundation for Children with Microcephaly
21620 N. 26th Ave, Suite #140
Phoenix, AZ 85027
Attn: Wish Upon a Star Program**

*** We will only accept mailed wishes; email submissions cannot be considered.**