Wish Reimbursement Form

Make-A-Wish® Illinois

Wish Child:

200 W Monroe St, Suite 1801, Chicago, IL 60606

This form is to be submitted within 2 weeks of the completion of a child's wish for reimbursement of goods bought to enhance or fulfill your Wish Child's wish. You must submit this form with <u>all original receipts</u> to be reimbursed. Please also note that we <u>cannot</u> reimburse for taxes unless it has been brought to our attention that our tax exempt form was denied.

Store/Vendor	Item	Amount
	Total:	

If a portion of your purchase was discounted or donated please make a copy of the receipt that reflects the donation and submit a separate in-kind form.

Please send my reimbursement to:

Wish Granter Name:		
Address:		
City:	State:	Zip:
Phone #: ()		