



THE MIKE FURREY
FOUNDATION

Name: _____

Married: _____ Spouse Name: _____

Address: _____

Phone: _____ Email: _____

Wish Child's Name: _____ Age: _____

Do you have any other children? Y/N If yes, how many? _____

List other children's names/ages: _____

Wish Child's Physician: _____

Physician contact information: _____

Please write a little bit about the wish child and the reason for the wish trip request. Please include information about their illness and prognosis. Additional paper can be attached.
