



40 for 40 Campaign

CELEBRATING
40 YEARS

OUR GOAL IS TO RAISE
\$400,000



GRANT
40
WISHES



EXPAND
THE WISH OF
WELLNESS
TO FAMILIES
AND TEENS



INCREASE
SUPPORT FOR
**THE MEGHAN K.
DUFFY HARDSHIP
FUND**

Eligibility for 40 for 40 Campaign:

October 1, 2021 - December 31, 2022

A Wish Come True, the oldest Wish granting organization in Rhode Island and Massachusetts, has not only made dreams come true for children but we have also expanded needed services to our families long past the Wish. We recognize that today's children are surviving their life-threatening illness, which leaves Wish Parents worrying and taking care of their sick child for a life-time, often times without a break.

A WISH COME TRUE™



www.awish.org



SCAN ME



CELEBRATING 40 YEARS OF SUCCESS

As we embark upon our 40 year anniversary we are launching a 40 for 40 Campaign. Our goal is to raise \$400,000 so we can grant 40 Wishes to children while also supporting their families!

We never could have imagined that \$8.6 million worth of Wishes (close to 1,700) would be granted since 1982. We could not have done this without the incredible support of this community, leaders on the Board of Directors and incredible staff all passionately focused on helping grant Wishes.

A WISH COME TRUE™



We would like to invite you to join our Wishing Well Society.

As a member of the Wishing Well Society, your investment of \$1,000 and above each year will make a lasting impact on our Wish Children and their families.

Through the support of individuals, families, local businesses, corporations and foundations throughout Rhode Island and Massachusetts, we grant Wishes for children and provide needed resources to Wish Families as they struggle emotionally, physically and financially during and after treatment of their child.

Wishing Well Society Members Receive:

1. An invitation to celebrate the philanthropy of our community at an annual Wishing Well Society Reception.
2. Throughout the year, your name will be displayed on the Wishing Well Society virtual plaque on our website.
3. You will be recognized in the AWCT Newsletter, which is distributed to over 10,000 households and businesses.
4. Best of all, you will know the deep joy that comes with making a sick child receive their Wish while also helping the family get back on their feet.

Your Gift Matters

As a Wishing Well Society member, your gift will immediately touch the lives of our Wish Kids and their families. When a child is sick the entire family is under tremendous stress.



Help Grant Wishes:

Goal: 40 Wishes.
On average, the cost of a Wish is \$5,000 - \$7,000 based on size of family.



Support the Wish of Wellness:

Let's face it, our parents put their needs last. They are struggling and need a break. In partnership with Raffa Yoga and Integrative HealthCare Solutions, we offer time for families to breathe and take care of themselves.



Contribute to the Meghan K. Duffy Hardship Fund:

Financial assistance is given to Wish Families to help support them through their financial crisis (groceries, utility bills, rent, car repairs, holiday presents and meals).

Your donations will help continue the great work we are doing to help these families.

To learn more about our programs please go to awish.org or contact Mary-Kate O'Leary, Executive Director at 401-644-2237 or marykate@awishcometrue.org.

Join the Wishing Well Society

YOUR SPONSORSHIP LEVEL

YOUR GIFT AMOUNT

- | | |
|---|----------|
| <input type="checkbox"/> Dream Maker Society
Gifts of \$25,000 and above | \$ _____ |
| <input type="checkbox"/> Helping Hands Club
Gifts of \$10,000-\$24,999 | \$ _____ |
| <input type="checkbox"/> Wish Upon a Star Club
Gifts of \$5,000-\$9,999 | \$ _____ |
| <input type="checkbox"/> Wishing for Wellness Club
Gifts of \$2,500-\$4,999 | \$ _____ |
| <input type="checkbox"/> One Wish at a Time Club
Gift of \$1,000-\$2,499 | \$ _____ |
| <input type="checkbox"/> I am unable to join the Wishing Well Society,
however I would like to make a donation. | |
| <input type="checkbox"/> One time gift of: | \$ _____ |
| <input type="checkbox"/> Monthly credit card gift of: | \$ _____ |

Your generosity will fuel the excellence of our programs and services ensuring each family knows that they are supported during this challenging time.

Donor Information

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Please recognize my gift as: _____

Credit Card: (Check One) MasterCard Visa Amex

Account # _____

Exp Date: _____ CW _____

Check payable to: A Wish Come True

- Use my donation in the best way you know how.
- I would like my donation restricted to:
- Granting a Wish for a sick child.
 - Support the Hardship Fund to help entire family.
 - Support the Wish of Wellness for the entire family to heal from their unfortunate circumstances.