

Make-A-Wish Foundation® Pakistan

Refer a Child - Application Form

Out of respect for the privacy of the children and families we serve, children who may be eligible to receive a wish can be referred by one of the three sources:

- Medical professionals treating the child i.e., doctors, nurses, social workers, child-life specialists
- A parent or guardian of the potential wish child
- The potential wish child

Your Name:

Your relationship to the child you wish to refer*:

Parent/Guardian

Medical Professional

Self (Potential wish child)

Address:

City/Province:

Telephone:

Postal Code:

Email:

Child's Name:

Child's Age:

Child's Medical
Condition:

Where did you learn about the Make-A-Wish Foundation® Pakistan?

Comments:

Please fill the form and send it to

Make-A-Wish Foundation Pakistan
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Fax: +92(021) 5863933
Web: www.makeawish.org.pk