



**Guelph**  
**Wish Fund**  
for Children  
Making life a little happier

## REFER A CHILD APPLICATION FORM

### 1. Referral Completed by

Your Name:

Your Phone:

Your Email:

Your relationship to the child you wish to refer:

### 2. Child Information

Child's Name:

Child's Birth Day:

Describe Child's Medical Condition

3. Has the child ever had a wish granted before by any other organization?     Yes     No

#### 4. Parent / Guardian Contact Information

Parent /Guardian 1 Name:

Parent/ Guardian 2 Name:

Parent / Guardian Phone Number:

Parent / Guardian Email:

#### 5. Parent / Guardian Address

Address

City

ON

Postal Code

#### 6. How did you learn about the Guelph Wish Fund for Children?

**Please mail this form to:**

EXECUTIVE DIRECTOR  
GUELPH WISH FUND FOR CHILDREN  
35 Harvard Road  
P.O. Box 21032  
Guelph, ON N1G 3A2

519-820-WISH (9474)  
[info@guelphwishfund.com](mailto:info@guelphwishfund.com)

*Privacy Policy*

*We keep your personal information private and secure. When you remit this form, your name, contact information, and any additional information will be available only to our organization.*