



Mikey's Way Foundation

Helping kids cope with cancer...Mikey's Way

www.mikeysway.org

Mikey's Way—Wish List*

If for some reason we miss a child on the day of our visit, just have a child life specialist from the participating hospital fill out this form. Send it back to us and we will make sure that the child receives the gift they feel will help them the most.

Patient Name: _____ Date: _____

Address: _____ Apt#: _____

City: _____ State: _____

Zip Code: _____ Phone#: _____

Recipient Age: _____ Recipient Sex: Male Female

Child Life Specialist: _____ Contact Phone#: _____

Hospital Where Being Treated: _____

Primary Care Physician: _____

Physician Phone Number: _____

Choose one of the following under the appropriate age group:

Less Than 5 years old:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Tablet | <input type="checkbox"/> Nintendo 3DSXL |
| <input type="checkbox"/> LeapPad | <input type="checkbox"/> Crib Soother |

5 years old and up:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Sony PS VITA | <input type="checkbox"/> iPod Touch |
| <input type="checkbox"/> Nintendo 3DSXL | <input type="checkbox"/> Laptop |
| <input type="checkbox"/> Tablet | |

If choosing a gaming system, please list 2 games you would like with your system.

1. _____

2. _____

Fax to: 203-873-0672

Or Mail to: 2228 Black Rock Turnpike, Suite 311 • Fairfield, CT 06825 • 203-873-0671

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*This form can only be submitted by the Child Life Department of a participating hospital.