



Mikey's Way Foundation

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

mikeysway.org

Mikey's Way—Wish List

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

PLEASE PRINT CLEARLY!

Patient Information

Name: _____ Date: _____

Address: _____ Apt#: _____
(No P.O. Box)

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email address: _____
(We will send tracking information about the gift)

Recipient Age: _____ Recipient Gender: Male Female

Parental Signature for Shipping: _____

Hospital Information

Hospital Where Being Treated: _____

Child Life Specialist: _____ Contact Phone#: _____

Primary Care Physician: _____

Physician Phone Number: _____

Gift Information

Choose one of the following according to the patient's age:

2 – 5 years old:

- VTech Electronic Gift
- Youth Tablet
- Nintendo 2DS

5 years old and up:

- Sony PS VITA*
- Nintendo 3DSXL
- Tablet
- iPod Touch
- Laptop

*PS Vita recommended for ages 12 and up.

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