Mikey's Way Foundation
Helping kids cope with cancer... Mikey's Way
mikeysway.org

Mikey's Way - Patient Wish List

2228 Black Rock Turnpike, Suite 311
Fairfield, CT 06825
203-873-0671

This form must be submitted by a Child Life Specialist or Social Worker at a participating hospital.

PLEASE PRINT CLEARLY!

Patient Information

This patient is a hematology/oncology patient ☐ Yes

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: _____
(Only needed if required by hospital)

Hospital Information

Hospital Where Being Treated:_____

Child Life Specialist:_____Child Life Phone#: _____

Child Life Specialist Email:_____

Physician: _____Physician Phone#: _____

Gift Information

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

Less than 4 years old:	4 – 7 years old:	8 years old and up:
☐ Electronic Learning Gift	☐ Youth Tablet	☐ iPod Touch
	☐ Nintendo 2DS	☐ Nintendo 2DSXL
		☐ Switch Lite
		☐ Tablet
		☐ Laptop

If choosing a Switch Lite please list below a few game choices you would like with your system:

_____

Fax to: 203-873-0672 Email to: Mikeyswayfoundation@gmail.com
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