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 ☐ Other

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:

3 years old and younger:
- ☐ Electronic Learning Gift
- ☐ Tablet

4 – 7 years old:
- ☐ Tablet
- ☐ Nintendo 2DS

8 years old and older:
- ☐ Nintendo 2DSXL
- ☐ Switch Lite
- ☐ Tablet
- ☐ Laptop

If choosing a Switch Lite, please list below a game the patient would like with the system:

_____

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

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