

Fill-A-Wish Application

NAME OF CHILD: _____ AGE: _____ SEX: _____

ADDRESS: _____ PHONE: _____

MOTHER'S NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE: _____

FATHER'S NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE: _____

NATURE OF ILLNESS: _____

DATE OF DIAGNOSIS: _____ ATTENDING PHYSICIAN: _____

PHYSICIAN ADDRESS: _____ PHONE: _____

PHYSICIAN PROGNOSIS: _____

ATTENDING PHYSICIAN'S SIGNATURE (REQUIRED): _____

HOSPITALIZED: ☐ YES / ☐ NO NAME OF HOSPITAL: _____

ADDRESS OF HOSPITAL: _____

CHILD'S SPECIAL WISH: _____

PARENT SIGNATURE (REQUIRED): _____

Fill-A-Wish

The VIAD Charity Fund has set up a fund to grant that special "wish" to a special needs child 18 years old or younger. If you have a family member or know anyone in your area that would qualify for this benefit, please contact the following for additional information:

VIAD Charity Fund
ATTN: Fill-A-Wish
1525 Huguenot Road, Suite 102
Midlothian, VA 23113
(800) 394-1960
Fax: (757) 299-6331
info@viada.org



What is VIADA?

Virginia Independent Automobile Dealers Association

This professional association promotes integrity, honor and fair dealings toward the public as well as compliance with all regulations governing the auto sales business. Its members display the above logo on the front of their dealerships and make the Auxiliary's charitable acts possible through their generous donations. Many thanks are due to these wonderful automobile dealers.

