



REFERRAL INQUIRY FORM

This inquiry form is the first step to receiving a wish – it is not confirmation of eligibility for a wish. Your information will be forwarded and you will be contacted by a member of our wish-granting team.

Child’s Name: _____

RELATIONSHIP TO CHILD: (circle one)

Self Parent/legal guardian family member Medical professional

YOUR INFORMATION

*We value your privacy and will not share your personal information.

Your Name: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

Address: _____

City: _____ State: _____ Zip: _____

Any information you would like to share regarding Wish child:

Please mail form to:

IROH
23817 Hollow Avenue
Jerseyville, IL 62052

