NILES Foundation

Niles Wish Program

INQUIRY/REFERRAL FORM

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

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

Relationship to person: Self Family Member Co-Worker Friend Other

Name: _____

Email: _____

Phone Number: _____

Address: _____

Description of Wish:

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