



Twilight Wish Foundation
Celebrating seniors and making dreams come true.



P.O. Box 1042 Doylestown, PA 18901 ★ Toll Free 1-877-TWF-WISH (1-877-893-9474) ★ Phone 215-230-8777 ★ Fax 215-230-8770

Wish Application Form

“The mission of Twilight Wish Foundation is to bring smiles through joy and comfort by honoring, thanking and remembering elders who have done so much to pave the path for younger generations.”

Please read the Wish Granting Policies including wish recipient requirements and wish type restrictions found on page 4 prior to completing an application.

A. Complete this section if you are requesting a wish for someone else

Wish Nominator Name: _____ Birth Date: _____
 Phone # _____ Alt. Phone # _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 E-mail address: _____
 Business name: _____ Title: _____
 Business Address: _____
 Business phone #: _____ Accept calls at work (circle one) Y N
 This applicant is known to me because: _____

B. Twilight Wish Nominee Information (person wish is requested for)

Wish Nominee Name: _____ Birth Date: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Cell phone # _____
 E-mail address: _____
 Annual Income (estimated): _____

Printed Name of Wish Application Recipient: _____
Initials of Wish Requester: _____ Date: _____



C. Wish Description:

D. Describe the person's job history, family, community and society contributions qualifying him/her as a wish recipient. Additional sheets may be attached.

Veteran (circle one) Y N Details including branch and years of service:

List charities, schools, churches, nonprofit organization volunteer activities and community contributions:

Job history, family and other contributions:

Printed Name of Wish Application Recipient: _____
Initials of Wish Requester: _____ Date: _____



Twilight Wish - Wish Granting Policies:

Qualifying Wish Recipient Requirements

- Minimum age of 68 years old or a permanent resident of a nursing home
- Legal United States citizenship
- Annual income of less than 200% of current federal government published poverty level income (2008: \$20,800 annually for household of one; add \$7,200 for each additional person) or be unable to grant own wish for other than financial reason
- Documented history of giving back to the community
- Must be cognitively, emotionally and physically capable of communicating and experiencing the wish

All requirements must be met. Proof of age, income, and citizenship are conditions of this application and must be forwarded with the completed wish application. Other documentation will be requested if needed.

Note: Photos may be included and it is understood that they will be posted on the website unless you include specific instructions not to post them. We find donors are more likely to help with the wish request when they see photos.

Restrictions on Types of Wishes

Twilight Wish Foundation (“TWF”) grants qualifying wishes as funding and resources are available. TWF reserves the right to deny requests for any purpose in conflict with the mission of TWF. TWF will deny the following types of wishes:

- political or legal in nature
- housing foundations or reconstruction
- bill payments or requests for cash
- medical items including surgery or pharmaceutical items
- physical assets including houses, autos, boats, planes, etc.
- dangerous in nature

Twilight Wish – Wish Granting Committee Process and Time Line

Wish recipients and requests are qualified by committee decisions. TWF holds monthly Wish Committee meetings on the 2nd Thursday of every month to determine eligibility. Requests must be completed in full including all necessary documentation and are due 3 days prior to a meeting date or they will be pended to the next scheduled month’s meeting. We make our best effort to have your response within two weeks following the meeting.

Thank you again on behalf of Twilight Wish Foundation for taking the time to complete this wish application on behalf of yourself or another. Please fax completed applications to 215-230-8770 or mail to:

Twilight Wish Committee • P.O. Box 1042 • Doylestown, PA 18901

Printed Name of Wish Application Recipient: _____
Initials of Wish Requester: _____ Date: _____

