Wish Application

Twilight Wish Foundation
P.O. Box 1042
Doylestown, PA 18901

The mission of Twilight Wish Foundation is to honor and enrich the lives of seniors through intergenerational wish granting celebrations. Whether this request is for a Simple Need (an example is a mattress), Living Life to the Fullest (an example is going to a ball game) or Celebrating a Life (an example is visiting your hometown one more time), we look forward to learning about your wish and how we can make your dream come true.

Qualifications	• 65 years old or a permanent resident of an elder care facility • Annual income of 200% or less of current federal government poverty level income or be unable to grant own wish for other than financial reasons. **The current maximum income for 2026 is $31,920 a year for one person.** • History of giving back to others (service to our nation, community or family) • Must be cognitively and physically capable of experiencing the wish • Legal United States citizenship • Able to obtain approval from a doctor, if necessary
Wishes that will not be granted or considered	• Political, legal or dangerous in nature • Housing reconstruction (any type, including home repair) • Bill payments or requests for cash • Medical items (including surgery or pharmaceutical items) • Physical assets (including houses, autos, boats, planes, etc.) • We do not accept applications submitted by a paid third party. • We do not grant wishes for vacations. • Wishes that extend beyond the life of the wish recipient (ex. funeral)

A note about travel: We do not grant wishes for individuals to go on vacation. Travel must be purpose-driven, with a dream achieved during or as a result of the trip.

Disclaimer: Unfortunately, Twilight Wish is unable to grant every wish we receive.

The decision to grant a wish is under the sole discretion of the Twilight Wish committee and a wish may be denied for any reason.

DOCUMENTATION NEEDED

Please send in proof of the following in order for application to be considered.

☐ **Age** ☐ **Income** ☐ **U.S. Citizenship** ☐ **Residence**

☐ **Military Service ("DD214 Form" Release or Discharge form)**

☐ **Physician Approval (when requested)**

Section A: Contact Information

Nominee (65 and older)

Name:_____

Preferred Name:_____ Phone Number: _____

Address:_____

City:_____ State:_____ Zip:_____

County:_____ Birthdate:_____

Email: _____

Annual Household Income:_____Number in the household:_____

Nominator (if applicable)

Nominator Name:_____ Phone Number: _____

Address:_____

City:_____ State:_____ Zip:_____

Email:_____

Relationship to Wish _____

Nominee:

Section B: Wish Details

Please provide detailed and specific answers. If you are nominating an older adult for a wish, please remember that all questions refer to the individual being nominated. If the wish request is time-sensitive, please explain why in this section.

1. What is your Twilight Wish?

2. Explain the history behind this wish. What makes this wish meaningful to you? Is there a unique and/or interesting story behind this wish? Please explain.

3. Is the nominee a Veteran? _____
If yes, please list what branch the nominee served in and details of his or her service.

4. Past community involvement or volunteer service

5. Other information you feel is important

6. How did you hear about Twilight Wish Foundation?

Section C: Certification

By signing below, I acknowledge that the acceptance of this application form by Twilight Wish Foundation (TWF) does not constitute an agreement by TWF to fulfill my wish request. If TWF may be able to fulfill the wish request described above, a TWF representative will contact me.
Furthermore, I certify that the wish recipient meets all eligibility criteria established by TWF and I have read the wish requirements and restrictions. I declare that all of the information given by me in this application is true and complete to my knowledge. I agree to inform TWF in a timely manner if any information in this form changes.

*Signature*_____
*Print Name*_____
*Date*_____

Mail to: ***Twilight Wish Foundation***
P.O. Box 1042
Doylestown, PA 18901