<<Case\_Today\_date>>

Mr. and Mrs. <<Contact\_LastName>>

<<Contact\_MailingStreet>>,

<<Contact\_MailingCity>>, <<Contact\_MailingState>>, <<Contact\_MailingPostalCode>>

Dear Mr. and Mrs. <<Contact\_LastName>>,

Thank you for your patience as we evaluated medical eligibility for your child, <<Contact\_Name>>.

Make-A-Wish® grants the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy. Make-A-Wish has established very specific medical criteria that all chapters across the country must follow to confirm eligibility for a wish.

After reviewing our criteria with <<Contact\_Name>>’s treating medical professional, we have concluded that his/her condition does not meet the medical qualifications for a wish at this time. Consequently, we are unable to grant a wish for him/her. If <<Contact\_Name>>’s condition should change in the future, we hope you will contact us again.

*---OPTIONAL TEXT---*

*Alternatively, you may consider contacting one of the other wish-granting organizations that serve our area. Please understand that each organization’s service population varies slightly, so we cannot guarantee your child’s eligibility with these organizations; however, they may prove to be valuable resources.*

*Organization A, website, phone number*

*Organization B, website, phone number*

*Although we wish you better luck with one of the above organizations, please understand that they are not affiliated with nor does Make-A-Wish endorse any other service organization or agency.*

We appreciate your interest in Make-A-Wish and want all the best for your family. Please feel free to contact us directly if you should have any questions.

Sincerely,

<<User\_Name>>

<<User\_Title>>

<<Case\_ChapterName>>