

SONG REQUEST FORM

PLEASE PRINT CLEARLY OR TYPE.

Information that can't be read will not be included in the song.

Attach more pages if necessary. To email completed form, simply scan and email to request@songsoflove.org. You can also fill out our online form at songsoflove.org/request.



Songs of Love® is proud to be bringing the Medicine of Music[™] to the children of Make-A-Wish® Missouri & Kansas.

NAME	AGE	MALE	FEMALE
SPECIAL INTERESTS, HOBBIES, FAVORITE THINGS			
OTHER (Family members, friends, pets, favorite places, etc.)			
STYLE OF MUSIC (Please check at least 3 of your child's favorite I ☐ Pop ☐ Dance ☐ Rap/Hip-Hop ☐ R&B ☐ Rock ☐ Co	untry Soft & Soothing		
3 PHRASES that come to mind when you think of your child			
Please use this space to spell names phonetically for proper pronuncia	ation		
If possible, please send a photo! Songs are delivered on a USB drive approximately 4-8 weeks after the request is received, and can be performed in any language. In case of special circumstances, please let us know and the song will be delivered as quickly as possible.			
PLEASE FILL OUT ALL INFORMATION. INCOMI			
MEDICAL FACILITY			
CONTACT NAME/TITLE USUALLY A CHILD LIFE SPECIALIST, SOCIAL WORKER OF	TEL.() _		
CHILD'S DIAGNOSIS	AREA CODE		
INFO ABOUT PARENT OR LEGAL GUARDIAN	WHERE SHOULI	THE SONG	BE SENT?
NAME	Check if address is the	same as Parent	/Legal Guardian
ADDRESS	NAME		
CITY STATE ZIP	ADDRESS		
PHONE WITH AREA CODE ()	CITY	STATE	ZIP
EMAIL			
HOW DID YOU HEAR OF SONGS OF LOVE? Hospital Friend	Relative Website E	vent (specify)	
Mag./Newsp./Billboard Ad (specify) TV/Radio	(specify) O	ther (specify) —	
PUBLICITY RELEASE: I, the undersigned, hereby grant to Songs of Love Foundation (Songs of Love) the right, license and privilege to use my name, likeness, photograph, voice and biography, as well as the "Song of Love" written for me in such manner as Songs of Love shall deem appropriate, (including but not limited to fundraising, etc.) in order to promote, advertise and publicize Songs of Love and its charitable activities.			
Name of Parent or Guardian, typed or printed Name of	of Minor, typed or printed		
SIGN HERE →> X		DATED:	
NO PUBLICITY Check this box if you do not want publicity.	ok guardian must SIGN.)	(MC	NTH/DAY/YEAR)
PLEASE SEND PROFILE TO: Songs of Love Foundation, P.O. Box 750809, Forest Hills, NY 11375 PHONE: (800) 960-SONG (7664) • FAX: (718) 441-7372 • EMAIL: request@songsoflove.org			

WEBSITE: www.songsoflove.org • Like us on FACEBOOK: facebook.com/songsoflove

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Make-A-Wish® Missouri & Kansas and The Songs of Love Foundation® Come Together to Bring More Smiles!

The Songs of Love Foundation® is a national nonprofit 501(c)(3) organization that creates free, personalized, original songs to uplift children (ages 1-21) facing tough medical, physical or emotional challenges. Each 'song of love' is delivered on USB and/or digital format with professionally produced music and lyrics containing the child's name and references to all of his or her favorite things. Songs are written and performed in any language in the musical style that the child likes by many talented singer/songwriters. As each child is unique, so is every 'song of love'. Since 1996 the Songs of Love Foundation® has reached out to over 35,000 children in over 600 hospitals and health care facilities in all 50 states and the world.

Make-A-Wish® Missouri & Kansas has teamed up with the Songs of Love Foundation® in this unprecedented collaboration that will be providing the children they serve with a musical bridge of hope as they look forward to receiving the life-changing gift of a wish. Songs of Love® is thrilled to be bringing the Medicine of Music™ to the children of Make-A-Wish® Missouri & Kansas!