



Butterfly Wish Requirements

- Complete the registration answering **all** questions
- Your child/grantee has a confirmed **NKH Diagnosis**
- **1 wish per Family per year.** If additional requests are made, Committee Lead will direct the family towards other potential resources within their state.
- Wish must **directly benefit the person** diagnosed
- Be part of the **NKH Patient Registry**
- Agree to the “**Give Back**” portion of this service and complete it within 1 year of the wish being granted.
- Grantee **must attempt other funding sources first** and show proof of the insurance decline
- If an **international request** is received over the amount of **\$100**, the NKH Crusaders Executive Director will reach out to the international organizations for financial assistance before voting to either grant or deny the request.
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Memorial Support Requirements

- The passed on loved one had a NKH diagnosis
- Please email kristin@nkhcrusaders.com for more information