



Hoop Dreams

Event Location: Exhibition Park, Saint John NB

Event Date: September 15th, 2018



Participant Name:	Mailing Address:
Team Name:	Phone Number:
	Email:

PLEDGE INFORMATION

Information must be complete and legible to receive a tax receipt. Tax receipts will not be issued for donations under \$20.00 unless requested. Please photocopy this form for your records. **Cheques should be made payable to The Children's Wish Foundation of Canada.**

Sponsor's Title, Name (Mr. Mrs. Miss. Dr.)	Mailing Address (including Apt#) Province, Postal Code	City,	Phone Number	Email address (By providing email, sponsor agrees to receive emails from Children's Wish)	Amount pledged	Paid (v)	Payment method (cash or Cheque #)	Receipt requested (v)

THANK YOU FOR CREATING THE MAGIC OF A WISH Business Number (BN): 12403-8878 RR0001	SUBTOTAL FOR THIS PAGE		GRAND TOTAL
			\$