Hoop Dreams

Event Location: Exhibition Park, Saint John NB
Event Date: September 14th, 2019

Participant Name:	**Mailing Address:**
	Phone Number:
Team Name:	**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#) City, Province, Postal Code**	**Phone Number**	**Email address** (By providing email, sponsor agrees to receive emails from Children's Wish)	**Amount pledged**	**Paid (√)**	**Payment method (cash or Cheque #)**	**Receipt requested (√)**

THANK YOU FOR CREATING THE MAGIC OF A WISH

Business Number (BN): 12403-8878 RR0001

SUBTOTAL FOR THIS PAGE

GRAND TOTAL

$