

MAKE-A-DREAM-COME-TRUE

Please fill out both pages and mail to:

NATIONAL CHILDREN'S LEUKEMIA FOUNDATION
7316 Avenue U, Brooklyn, N.Y. 11234
Phone: (718) 251-1222 Fax: (718) 251-1444 Out of NY
State: (800) GIVE-HOPE

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Day: _____

Eve: _____

Age: _____

Doctor's Name: _____

Hospital: _____

Diagnosis: _____

Social Worker's Name: _____

Social Worker's Signature: _____

I wish to see (check one):

A Baseball Player: (TEAM) _____

A Basketball Player: (TEAM) _____

A Football Player: (TEAM) _____

A TV Personality: _____

Seeing a show: _____

Visit a television studio: _____

A wrestler: _____

A wrestling match: _____

Other: _____

(Describe below your wish or dream)

MY DREAM

RELEASE FORM

I, _____ voluntarily donate my story\poem\name\photos to the National Children's Leukemia Foundation, and authorize NCLF to use it any way they wish by any publication.

SIGNATURE _____

PARENTAL SIGNATURE _____

DATE ____ ____ _____