



## CONTRIBUTION CARD

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Best Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### GIFT LEVELS

\_\_\_ \$50                      \_\_\_ \$500

\_\_\_ \$100                     \_\_\_ \$1000

\_\_\_ \$250                    \_\_\_ Other

Total Amount \$ \_\_\_\_\_

Please make checks payable to:

### HOCKEY COACHES CARE

and mail to

**AHCA**

**7 Concord Street  
Gloucester, MA 01930  
www.ahcahockey.com**

You may list my/our name in publications.

**YES or NO**