



***Preventing teen addiction one child, one family, one day at a time***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail \_\_\_\_\_

**PLEASE CHECK ONE BELOW AND FILL IN AMOUNT  
YES, I would like to make a contribution of**

**\$ \_\_\_\_\_**

**My cheque, payable to The Shoeboogieman Foundation, is enclosed  
I'd prefer to make monthly contributions of**

**\$ \_\_\_\_\_**

**Post-dated cheques, payable to The Shoeboogieman Foundation, are enclosed**

**Donations can also be made, using PayPal, through our website:  
[www.shoeboogieman.com](http://www.shoeboogieman.com)**

**Please mail this form with your cheque to**

**The Shoeboogieman Foundation  
842 Greene Street  
Coquitlam BC, V3C 2C1  
Society Number - S-55722**

**Thank You for Your Help!**