

New York Knicks & the Garden of Dreams Foundation® invite you to



A DECADE OF GIVING

K N I C K S B O W L

PRESENTED BY **BUD LIGHT**

FULL NAME: _____

ADDRESS: _____

If paying by credit card, please provide billing address below.

PHONE: () _____

EMAIL: _____

PLEASE RESERVE:

- KB10 LANE \$10,000**
Admission for 8, including cocktails, dinner and VIP Gift bags
- KB10 INDIVIDUAL TICKET \$1,250**
Admission for 1, including cocktails, dinner and VIP Gift bag
- BOWL FOR ME**
I'm unable to attend but would like to make a donation of \$ _____

A portion of your purchase may be tax deductible to the fullest extent of the law.

PAYMENTS:

- Check enclosed: Check #**
Please make payable to: Garden of Dreams Foundation

Credit Card:

Card Type: _____ Exp. _____ / _____

Amt: \$ _____ Card #: _____

Billing Address: _____

Signature _____

Please fax to **(212) 465-6062**. For more information, visit nyknicks.com or call **877-NYK-DUNK**. All net proceeds to benefit the Garden of Dreams Foundation, a public charity. A copy of the Foundation's annual report may be obtained, upon request, from the Garden of Dreams Foundation, 2 Penn Plaza - 14th floor, New York, NY 10121 or from the office of the Attorney General, Charities Bureau, 120 Broadway, New York, NY 10271.