



Remove address label from materials packing list and place here.

Write event number if address label is not used.

Event No. _____

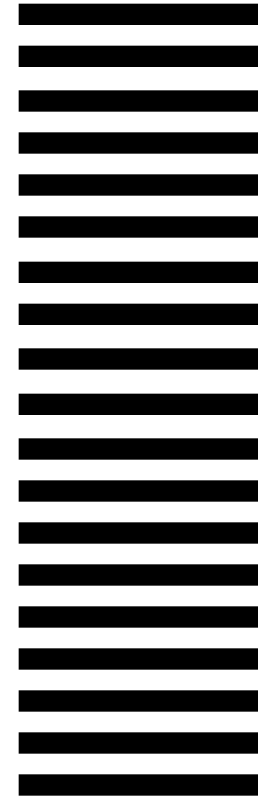
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 6375 MEMPHIS, TN

POSTAGE WILL BE PAID BY ADDRESSEE

**HOOPS FOR ST JUDE
ALSAC ST JUDE CHILDRENS RESEARCH HOSPITAL
PO BOX 1999
MEMPHIS TN 38101-9795**



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**Enclose only your Prize Order Form, checks and money orders.
Please do not send any cash.**