



JACKSON COUNTY

Rose Queen

SCHOLARSHIP PAGEANT

P. O. Box 1865 • JACKSON, MI 49204-1865

I would like to be a **Candidate Sponsor** for \$1,200.00

I would like to be a **Scholarship Sponsor** for \$ _____

I would like to **donate \$** _____ **to the Miss Jackson County Rosequeen Scholarship Pageant.**

I would like to **donate the following products, services, or scholarships** to the Miss Jackson County Rosequeen Scholarship Pageant:

Name: _____ **Phone:** _____

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Address: _____

City: _____ **St:** _____ **ZIP:** _____

email address: _____

Authorized by: _____ **Date:** _____

Please mail and make your check payable to: Jackson County Rosequeen Scholarship Pageant,
P. O. Box 1865, Jackson, MI 49204-1865