



Teen Promise Inc. Scholarship Program

SPONSORSHIP RECEIPT

P.O. Box 192802
Little Rock, AR 72219
(501) 353-0009/ www.missteeppromise.com

CONTESTANT: _____
NAME

Sponsor

Address

City State Zip

Phone

\$ _____

Name of Sponsor

\$ _____

Contestant's Name

*Your donation is TAX-DEDUCTIBLE.
Keep receipt for tax records. THANK YOU!*



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