

Cash Scholarship Donor Information Form

Name:		
Business/Organization Name:		
Address:		
City:	State:	Zip:
Phone Number:		Email Address:

I would like to sponsor a <input type="checkbox"/> Miss Nevada or <input type="checkbox"/> Miss Nevada's Outstanding Teen Scholarship(s) Note: Named scholarships are granted on a FIRST TO PAY basis.	
	Amount:
	Amount:
	Amount:
	Amount:

<i>Payment Information:</i> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Check (<i>Make checks payable to: Miss Nevada Scholarship Organization</i>)		
Total Amount of Scholarship(s):		
Name on Credit Card:		Expiration Date:
Credit Card Number:		CRV #: <small>3-digit code on the back of the credit card</small>
Billing Address:		
City:	State:	Zip:

Signature: _____ Date: _____

Mail this form and your payment to:
Miss Nevada Scholarship Organization
 10120 W Flamingo Road #4-566 Las Vegas, NV 89147
 Or email to: info@missnevada.org