

STUDENT SPONSORSHIP FORM

Robert McQueen High School Lancer Band
c/o McQueen Band Parents Association
P.O. Box 33085
Reno, NV 89533

Federal Tax ID # 88-0384365

Sponsor Information:

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Amount Donated _____

Name of Student you would like to Sponsor _____

Please make check payable to the "Robert McQueen Band Parents Association" and indicate the "student's name" on the memo line of the check. You may mail your donation to the address above. Thank you for your support!

Detach and keep bottom portion for your records. Mail top part of form with your contribution to:

McQueen Band Parents Association
P.O. Box 33085
Reno, NV 89533

Federal Tax ID # 88-0384365

McQueen Band Student Sponsorship Donation Receipt

Amount Donated _____ Check Number _____ Date _____