

**Follow the Dream  
Beauty Pageant Scholarship, Inc.**  
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www.followthedreamfoundation.org



*Follow the Dream*  
BEAUTY PAGEANT SCHOLARSHIP, INC.

## DONOR INFORMATION

Company/Organization Name: \_\_\_\_\_  Anonymous  
Title (Dr./Mr./Mrs./Ms.): \_\_\_\_\_ Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Item Description

Item Name: \_\_\_\_\_ Monetary Value: \_\_\_\_\_

This Donation is:  An Item  Gift Certificate

Detailed Description: \_\_\_\_\_  
\_\_\_\_\_

## Item Information

- Mailed to FTDBPS Inc. office  Item needs to be picked up  
 Item received by committee member

Committee Member Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Please submit the form by: \_\_\_\_\_

**Thank You for your support of *Follow the Dream Beauty Pageant Scholarship, Inc.***

## Office Use Only

Item Number

Date Item Received

Category