

## **Candidate Check Donation Form**

**Check Processing Minimum Required Amount \$100.00** 

Make Checks Payable to: Spotfund Technologies

Candidate's Name & State must be included on the memo line of your check

Miss America Organ	nization Informati	ion for:		
		State Name	te Name of Competition, i.e. Virginia	
<b>Donor Information</b> Name:				
Cell Phone #:	( )	Business Phone #:	( )	
Address:				
City:		State:	Zip:	
Email:				
Candidate's Name:				
Campaign Title:				
	(Candidate Name	e, State Abbreviation, & Year – i.e. Camille Schrier VA 2021)		
Donation Amount:	\$	Check Date:		
		Check Number:		
	<u>Ma</u>	il this form & your check donation to: **		
		Spotfund Technologies		
		c/o Miss America Scholarship Accounting		
		PO Box 1595		
		New York, NY 10028		
** Remember to		e's Name & State on the memo line, for exai 3 weeks for check donations to process and		
	<u>I1</u>	f you have any questions, please contact:		
State Com	petition's Executi	ive Director <u>https://www.missamerica.org/</u> s	sign-up/#state-contacts	
Please note, candidat	e donation checks r	received: 1) without this form completed and/or 2	2) without the candidate's name and	

state recorded on the check's memo line may be deposited into the Miss America scholarship fund but may not be credited to the candidate's account and not count towards her fundraising goals.

Checks received 1) not payable to Spotfund Technologies, 2) in an amount less than the \$100 minimum check processing requirement, and/or 3) bank returned checks may be returned to the donor. Allow 2-3 weeks for check processing.

## Thank you for your generous support!