

Brandon Jackson Memorial Scholarship Church Partnership Commitment Form

Church Name _____

Address _____

City _____ State _____ Zip _____

Pastor _____ Phone (____) _____ Email _____

Partnership Representative Contact Information

Name _____ Phone (____) _____ Email _____

Address _____

City _____ State _____ Zip _____

Church commitment:

We will make a donation to the scholarship fund in the amount of :

\$1000 \$ _____

We will support the Shootout with volunteers on the day of the event. (Volunteers will be contacted prior to the event to confirm assignment, check-in time, etc.)

Volunteers:

Name _____ Time Available _____ Contact # (____) _____

Name _____ Time Available _____ Contact # (____) _____

Name _____ Time Available _____ Contact # (____) _____

Name _____ Time Available _____ Contact # (____) _____

Please make checks payable to *Brandon Jackson Memorial Scholarship*. Mail commitment forms and checks to:

Debra Williams, Director
Brandon Jackson Memorial Scholarship
P.O. Box 5341
Pasadena, CA 91117

For more information contact Debra Williams, 626.808.5382, debrawilliams@sbcglobal.net.

Church Partners will be posted on the Brandon Jackson Memorial Scholarship website (www.bjscholarship.org) and displayed at the Shootout. All donations are tax deductible.