



## Kansas City Youth Jazz Business Sponsor Form

Sponsored Student \_\_\_\_\_

Sponsor Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

### Method of Payment

Visa

Check    Check # \_\_\_\_\_    Payable to: KCYJ

MasterCard

\_\_\_\_\_    Credit Card # \_\_\_\_\_    Exp. date \_\_\_\_\_

\_\_\_\_\_    Signature

Mail to:  
Kansas City Youth Jazz  
5960 Dearborn, Suite 202  
Mission, KS 66202

[www.kcyouthjazz.org](http://www.kcyouthjazz.org)



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