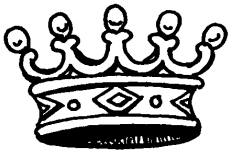

Miss Right to Life of Georgia

Sponsorship Form

Age Division: _____

Name: _____ Contestant # _____

Name of Business/Person	Address	Phone Number	Amount	Check No.	Cash