



# Little Miss Byrncliff

P A G E A N T

2007 Miss Byrncliff  
Sponsorship Sheet  
Proceeds Benefit:



Wyoming  
Community  
Hospital  
Foundation

Name: \_\_\_\_\_

My Goal: \_\_\_\_\_

Make checks payable to: Wyoming Community Hospital Foundation

Sponsor's Name	Address	Donation	Collected
Example: Joe Smith	111 Main St., Anytown, ST. 12345	\$10.00	✓
<b>Total</b>			