



No Youth Left Behind Foundation of America

DR. Martin Luther King JR.
Educational Center



Organization Name: _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: (____) ____ - ____ Email: _____

Does your organization have a 501(c) 3 _____ If So, EIN#? _____

What is your priority mission when it comes to your community? _____

How much money were you looking to raise for your mission? _____

How many supporters currently participate towards your mission? _____

Name of Person Receiving the tickets:

Name (Print) _____ Date: _____

Signature: _____ Date: _____

Disclaimer: Each organization/individual is 100% accountable for tickets uncounted for or misplaced. All monies must be returned every other (2) day(s) of distributions or every Monday. No tickets will be issued until all monies are returned.

Ticket Distribution List

No Youth Left Behind Foundation of America
3958 Martin Luther King Jr. Blvd., Sacramento, CA 95820
Office: (916) 919-7460
www.NoYouthLeftBehindFoundation.org



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Ticket No. Beg: _____

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