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**TCATA COLLEGE SCHOLARSHIP PROGRAM**

**CONTRIBUTION FORM**

**We wish to contribute the amount of $**   **to the TCATA Scholarship Fund.**

***Option to spread payments out:***

We will pay in equal installments beginning on .

Name

Company

Address

Payment method:  check  credit card (Visa/MasterCard/Amex/Discover)

Name on Card:

Card number: expiration date: /

Cardholder address: CVV

 Zip

***OPTIONAL***:

This contribution is in memory of

 (Please print name of the person to be honored)

If you wish, TCATA will send an acknowledgement notice of your memorial contribution according to your instructions. Please send an acknowledgement to:

 Name

 Address

 City State Zip

Please indicate that the contribution was made by

*(Dues & contributions to TCATA and its various activities are not deductible as charitable contributions.*

*However, they may be deductible as ordinary and necessary business expenses.)*