



Textile Care Allied Trades Association

TCATA COLLEGE SCHOLARSHIP PROGRAM CONTRIBUTION FORM

We wish to make a contribution in 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.)