

TFPA SCHOLARSHIP FOUNDATION

Contribution Form

Date: _____

Please accept this donation of \$_____ for the TFPA Scholarship Foundation.

Please check one:

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Please process my credit card (information provided below)

Please invoice me (provide email address below)

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Street or P.O. Address

City, State, Zip

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Exact Name on Card

Authorized Signature

Receipt will be emailed to email address listed above.

Mail to: TFPA
P.O. Box 341
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Phone: 979-846-3285; Fax: 979-846-1752
cindy@tfpa.org