

**Scholarship Contribution Form**

- \_\_\_ Platinum Sponsor     \$ 1,500
- \_\_\_ Diamond Sponsor     \$ 1,000
- \_\_\_ Gold Sponsor         \$ 500
- \_\_\_ Silver Sponsor        \$ 250
- \_\_\_ Bronze Sponsor       \$ 100
- \_\_\_ Chapter Gift         \$ 50



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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contribution Amount if different from above \$\_\_\_\_\_ Select One:

Visa   Mastercard   American Express   Discover   Check (enclosed)   Invoice Me

Name on Card: \_\_\_\_\_ Card Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ CVV: \_\_\_\_\_

Please make checks payable to:  
 El Paso Chapter – TSCPA  
 P.O. Box 222173  
 El Paso, TX 79913