



TEXAS TIRE DEALERS ASSOCIATION SCHOLARSHIP FUND DONATION

First Name: _____ Last Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____ - _____

I wish to make a contribution to the Scholarship Fund in the amount of \$ _____.

Check # _____ in the amount of \$ _____ attached.

Please bill me to the address above.

Please charge my credit card as follows: _____ MC _____ Visa

Card #: _____ - _____ - _____ Exp: ____ / ____ VCode: _____

Signature: _____

Please mail this form with your payment to TTDA:

4600 Spicewood Springs Road, Suite 103 - Austin, TX 78759 - (800) 844-8748 - (512) 343-8604 - Fax (512) 343-1530