



TTA Donation (TTA2008)

Send a check or credit card information to:

Transition Training Academy
P. O. Box 8249
Topeka, KS 66608
Fax: (904) 296-7347

Please fill in the following information

Donation Amount: \$ _____

Donor Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____

ZIP/Postal Code: _____ Country: _____

Please also fill in the following information if paying by credit card

(AMEX, Visa, MasterCard and Discover accepted)

Cardholder's Name: _____ Card Type: _____

Card Number: _____ Card Expiration: _____

If billing information differs from donor information, please enter information below

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____

ZIP/Postal Code: _____ Country: _____

Employee Donation Matching

Many employers will match charitable contributions. Please save the receipt / tax deduction acknowledgement you will receive in the mail from us and check with your employer to see if a corporate matching gifts program is available to multiply your donation.

Employer: _____