



DONATION FORM

Donor Name: _____

Address

City State Zip

Email Address _____

Amount \$ _____

Program ____TAB Myanmar ____TAB South Africa

On behalf of which volunteer? _____

For which program or fund? ____TABSA 2016 program ____TABSA 2016 uniforms
____TABSA 2016 Jim Clarke Scholarship Fund ____Myanmar 2016 Exploratory
____TABSA general fund ____TAB general fund____

Please mail with your check to:

TAB Treasurer
Marilynn Hitchens
427 Detroit St.
Denver, CO 80206

Thank you for your generous donation.

s required by the Internal Revenue Code, there were no goods and services provided to you in consideration for this gift. As a non-profit corporation under the Tax Code Section 501(c)(3), all contributions are fully tax deductible. EIN 80-0007455

Board of Directors

Debbie Ihrig
Lorraine Canty
Donna Jones

Marilynn Hitchens
Beth Malcolm
Sandi Tun

www.teachersacrossborders.org
427 Detroit Street
Denver, CO 80206