

Texas Corrections Association

SUSAN C. CRANFORD SCHOLARSHIP FUND DONATION

First Name: _____ *Last Name:* _____

Company: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone: () _____ *Fax:* () _____ *email:* _____

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

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

Please Bill Me at the Above Address.

Signature: _____

*Please mail this form with your payment to TCA to: TCA Headquarters
4600 Spicewood Springs Road, Suite 103 - Austin, Texas 78759 - (512) 346-5820 - Fax (512) 343-1530*