

CONTRIBUTION RECEIPT

Today's Date: _____ Receipt No. _____

Contributor's Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Description of Computer: _____

Description of Additional Components: _____

As Contributor, I confirm that I have either A) removed all sensitive and personal information; or
B) that no sensitive or personal information was ever placed on this computer.

Amount of Financial Contribution: _____

Contributor's Signature: _____

 I would like to receive email updates from TACCD I would prefer to be excluded from email updates from TACCD I am interested in talking with someone regarding more information about TACCD