



Tennessee Press Association Foundation, Inc.
NIE Funding Designation and Donor Form

Funding Designation

Please fill out this form (page 1 and 2) and enclose it with your check. Date: \_\_\_\_\_

Enclosed is my tax-deductible contribution of \$\_\_\_\_\_ in support of the Newspaper in Education program.

Please list the newspaper(s) or organization(s) to which the funds should be disbursed below. Please see page 2 for Donor information.

Newspaper or Organization Contact person and phone number

Address City State Zip

Special Instructions

Payment Information

\_ Check enclosed or Charge my \_ American Express \_ Visa \_ MasterCard

Credit card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on the card \_\_\_\_\_ CVV # \_\_\_\_\_

Billing Address on the card (include zip code) \_\_\_\_\_

Signature \_\_\_\_\_

Donations by credit card will have card company charges deducted from disbursement. Tax receipt, for donations over \$20, will show the net amount.

Tennessee Press Association Foundation, Inc. is a nonprofit 501(c)(3) charitable organization. Federal ID number 62-6136558. Your gift is tax deductible to the full extent provided by law. We do not disclose information that you provide us, such as your name, address, e-mail address, or telephone number, to any outside companies except for the use of completing a donation transaction that you initiate. In the event any TPA member newspaper is intended to share in the gift, any representatives of that newspaper or its parent company who are on the TPAF board will be asked to recuse themselves from deliberation and voting on action related to the gift. TPAF reserves the right to charge a 5% administrative fee per designation, not to exceed \$50.00.

**Donor Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Fax E-Mail

\_\_\_ I would like to receive additional information about giving opportunities.

Please write your name as you would like your name listed in recognitions:

\_\_\_\_\_ or is it \_ Anonymous?

**Honorarium/Memoriam**

Please indicate if the purpose of this gift is either:

\_ In Honor – the gift will be recognized in honor of another person or organization as directed by the donor. A card will be sent to the honoree.

\_ In Memoriam – the gift will be recognized in memory of another as directed by the donor. A card will be sent to the loved ones.

Person to be notified of this gift:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip

Occasion \_\_\_\_\_

**Make your check payable to and mail this form to:**  
**Tennessee Press Association Foundation, Inc.**  
**412 N. Cedar Bluff, Suite 403, Knoxville TN 37923**  
**or fax it to 865.584.6513**

For questions or comments, please contact Laurie Alford at 865-584-5761 x102 or email at [lalford@tnpress.com](mailto:lalford@tnpress.com).

*Tennessee Press Association Foundation, Inc. acknowledges receipt of a contribution from the above-mentioned in the amount of \$ \_\_\_\_\_. No goods or services were provided in exchange for this contribution.*

TPAF Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_