**ITPA 2025 Awards Acceptance Form**

***Please print clearly.***

Chapter/Club Name:

Club #:

Person completing form:

Daytime Phone:

Email Address:

*You MUST**include the correct EIN (Tax Identification Number) for the Charity or your Club/Chapter.*

The ITPA award checks (1st place = $50, 2nd place = $40, 3rd place = $30).

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| **Project Information** | | **Name, Title, and Phone Number of Person**  **Accepting Award**  **(e.g., President, Project Chair, Member)** | |
| **Category:**  **Name of**  **Charity: Charity EIN:**  **Charity**  **Address:** |  | **Name: Title:**  **Daytime Phone:** |  |
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| **Category:**  **Name of**  **Charity: Charity EIN:**  **Charity**  **Address:** |  | **Name: Title:**  **Daytime Phone:** |  |
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| **Category:**  **Name of**  **Charity: Charity EIN:**  **Charity**  **Address:** |  | **Name: Title:**  **Daytime Phone:** |  |
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**Our Congratulations to all the Winning Clubs!**

Please return this form as soon as possible.

**Forms must be received no later than September 1, 2025.**