**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.**