

TPAA Foundation Contribution Form

I would like to make the following contribution/contributions to:

() Medical Mission \$ _____

() Education & Research Funds \$ _____

() Foundation Endowment Funds \$ _____

() _____ Medical School \$ _____

() Foundation General Fund \$ _____

() Rural School Children Project \$ _____

() Dr. Pipit Chiemmongkoltip Advanced Medical Education Fund \$ _____

() Other \$ _____

Total \$ _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Donation is tax deductible under the law. Please consult your tax adviser.

Please make check payable to TPAA Foundation and mail your contribution with this form to:

TPAAF 2020-2021
C/o Thongchai Vachirasomboon, M.D.
1350 Covington Court
Crown Point, IN 46307-5244