



The Travelers Protective Association and the TPA Hearing Trust are pleased to announce the establishment of the new PACESETTER CLUB for donors to the Trust!

The Trust receives many donations at TPA's Annual Convention from Divisions, Posts and individual TPA members. It is our hope to see even more of you at this year's Convention in San Antonio, Texas. Of course, donations may also be made by mail or online at any time.

We are grateful to all who donated in 2023. They are listed on Page 7 of the April 2024 *Travelers Magazine*. While we will continue to recognize and thank all donors, 2024 donors of \$25 or more will be recognized as PACESETTERS beginning with the September 2024 issue. Recognition levels range up to DOUBLE PLATINUM PACESETTER (\$2,000 and above).

Also new this year: donations of \$25 or more given *In Memory Of* or *In Honor Of* will be listed separately in the Magazine and will qualify for Pacesetter membership.

TPA's major charity and primary beneficiary of our altruism is the TPA HEARING TRUST.

We hope the existence of the PACESETTER CLUB will encourage TPA members to both continue their membership and increase their support of the Trust. We want everyone to know how good it feels to help children and adults who need financial assistance to improve their hearing and thus their quality of life.

Thank you for considering membership in the PACESETTER CLUB, and for being a Member of our Great Fraternal Organization, TPA!

Fraternally yours,
Edwin S. Miller
National Director
Chair, Planned Giving Committee

Thank You



To donate online visit tpahq.org/donate/

Interested in applying for a grant?

Visit www.tpahq.org/tpa-hearing-trust/ for more information and eligibility requirements.

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The TPA Hearing Trust Donation Slip

Enclosed is my tax-deductible donation to the TPA Hearing Trust.

Amount \$25 \$50 \$100 \$500 \$ _____

Please make check payable to "TPA Hearing Trust." Do not send cash.

Name _____

Division _____ Post _____

Address _____

City _____ State _____ Zip _____

Email _____ @ _____

Gift in Memory of / Honor of *(please circle one)*

Name of person in memory of / in honor of _____

Please send acknowledgement of my gift and its occasion to:

Name _____

Address _____

City / State / Zip _____

For Credit Card Donations

I wish to make my payment by credit card:

VISA MasterCard AMEX Discover

Name on card _____

Card # / Expiration Date / CVC _____

Billing Address _____

Make supporting us easier by setting up monthly auto billing.

I would like \$ _____ debited to the credit card listed above. All debits will be made on the first of the month, unless otherwise specified.

Send to:



2041 Exchange Drive
St. Charles, MO 63303
636-724-2227

