

**Tolland County Agricultural Center, Inc. Scholarship Endowment Fund
Contribution Form**

Name: _____

Address line 1: _____

Address line 2: _____

City: _____

State: _____ Zip Code: _____

This contribution is made in honor of _____

in memory of _____

other reason (please specify) _____

*Make Checks Payable to: Tolland County Agricultural Center, Inc. Scholarship Endowment
Fund*

Mail to: Tolland County Agricultural Center, Inc. Scholarship Endowment Fund 24 Hyde
Avenue Vernon, CT 06066