

Donation Form

Date _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

Student and/or School Recommendation: (optional)

Name of Student or Students _____

Name of School or Schools _____

Tax Filing Status: Married Filing Jointly OR Single

Have you previously donated to the private school tuition tax credit program for the 2016 tax year?

YES, I donated \$ _____ to _____ Organization Name

NO

MY TAX CREDIT DONATION: \$ _____ (Maximum: \$2,173.- filing jointly or \$1,087.- filing single)

Please provide credit card or bank account information below: **OR** Send check to:

Credit/Debit Card Information

_____ Card Number _____ Expiration Date _____

OR

Bank Account Information

_____ ABA Routing Number _____ Account Number _____

_____ Bank Name _____ Type of Account: Checking or Savings _____

Arizona Tuition Connection
C/O Stearns Bank
PO Box 12667
Scottsdale, AZ 85267

Donor Signature _____

Thank you for your donation.

Should you have any questions, you can call us at 480-409-4106.