

2017 Tax Year Donation Form

Supporting Education in Arizona

		Date	Date	
First Name	Last Name			
Address	City	State	Zip Code	
	City	State	Exp code	
Phone Number	E-mail Address			
Student and/or School Recor	mmendation: (optional)			
Name of Student or Students				
Name of School or Schools				
Tax Filing Status: Marrie	ed Filing Jointly OR 🔲 S	Single		
Have you previously donated to an program for the 2017 tax year? YES, I donated \$	to	_		
NO, this is my 1st donation	on for the 2017 tax year.			
TAX CREDIT DONATION: \$	(Maximum: \$	2,177 filing jointly o	or \$1,089 filing single)	
Please provide credit card or bank	account information below	w or provide a ch	ieck.	
Credit/Debit Card Information			RN TO: na Tuition Connection Stearns Bank	
Card Number	Expiration		0X 12667	
Bank Account Information	OR	Scotts	sdale, AZ 85267	
ABA Routing Number	Account Number			
Bank Name	Type of Account: Checking or	r Savings		
Donor Signature				

Thank you for your donation. Should you have any questions, you can call us at 480-409-4106.