

2021/2022 Donation Form

		Date		
First Name Last Name				
Address	City	State	Zip Code	
Phone Number	E-mail Address			
Student and/or School Recommendation: (optional) *PLEASE NOTE: You cannot recommend your donation go to your own household.				
Name of Student or Students				
Name of School or Schools				
Tax Year: Tax Filing Status: Married Filing Jointly OR Single				
OR I have previously donated \$ to				
DONATION AMOUNT: \$ (2021 Maximum: \$2,435 - filing jointly or \$1,219 - filing single) (2022 Maximum: \$2,483 - filing jointly or \$1,243 - filing single)				
Please provide credit card or bank account information below: OR provide check and				
Credit/Debit Card Information		RETUR Arizon	en TO: a Tuition Connection	
Card Number	OR Expir	I	O Box 63381 noenix, AZ 85082	
Bank Account Information				
ABA Routing Number	Account Number			
Bank Name	Type of Account: Checkin	g or Savings		

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