

ARIZONA SCHOOL TAX CREDIT

Please apply the enclosed donation of \$ _____ (up to \$400.00 as per A.R.S.§43-1089.01) and make check payable to the school and identify the academic and/or extracurricular activity programs below:

School Name _____

Donor Name (print) _____
Last First Middle

Address _____

Home Phone _____

Work Phone _____

SSN _____

Specific area(s) I want to my contribution to be used for:

OR Please use my contribution for General Extracurricular Activity Fees:

_____ Elementary School _____ Middle School

Donor's Signature

Date

School District Official's Signature

Date

Receipt Number _____

Receipt Date _____