



"Home of the Panthers"

Colonel Smith Middle School

P.O. Box 12954 - 5651 E. Smith Avenue

Fort Huachuca, Arizona 85670

Phone: (520) 459-8892 Fax: (520) 335-6803

Dear Parents and Supporters of CSMS:

Are you aware that Arizona State tax law allows taxpayers to take a credit for any contributions made to a public school in the state for the support of extracurricular activities or character education programs? Taxpayers may donate up to \$200.00 as a single head of household, or \$400.00 if filing jointly. This credit is not a deduction but comes directly off your returns for any tax obligation. Refer to A.R.S. 43-1089.1, A.R.S. 15-342(24) and A.R.S. 15-719.

We are fortunate at Smith to have very dedicated faculty and staff sponsoring/coaching our various extracurricular programs. Tax credit donations allow us to enrich these programs for the benefit of our students.

We would sincerely welcome tax credit donations from our parents who claim Arizona residency. If you choose to make a tax credit donation to Smith, please complete the Arizona Tax Credit form, make your check payable to **Colonel Smith Middle School** and deliver it to the school office or by mail. Please indicate the following activity/activities you would like to support:

- Athletics
- Band
- Character Education
- Drama Club
- Knowledge Bowl
- National Junior Honor Society
- Step It Up Club
- Student Council
- Yearbook Club
- Cyber Patriots
- Arizona Tax Credit General Fund

The timeline for contributions is now through December 31st of the current year. Your support of our school is very much appreciated.

Sincerely,

Ms. Christa Jones
Principal

FORT HUACHUCA ACCOMMODATION SCHOOL DISTRICT NO. 00
P.O. Box 12954
Fort Huachuca, AZ 85670

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 _____