ACKNOWLEDGEMENTS

By donating to Az4Education, I (We) understand:

- Our STO cannot award, restrict or reserve scholarships, solely on the basis of a donor's recommendation.
- Scholarships are awarded without regard to the student's religion, race, color, sex, handicap, or familial status.
- Swapping a donation recommendation with someone else's child in exchange for a recommendation for our child or donating to your own child(ren) is prohibited.

DONOR INFORMATION (Required)			
First Name	Last Name		
Address (if not on che	eck)		
City	State	Zip	
E-Mail			
Phone			
TAX CREDIT INFO	RMATION (Required)		
Tax credit year: []	2017 or [] 2018		
Filing Status: [] I	Married Filing Jointly or	[] All others	
Donated to an STO fo	r same tax year? If yes, am	ount \$	

CHECK/CREDIT CARD INFORMATION (Required)

· ·	itcher" tax credit allowed for 2017/2018 is ed filing jointly and \$1,089/\$1,107 for all other
Donation Amount: \$	Pay to: AZ4Education
Credit Card # or Check	#
	/
Security Code	Expiration Date
RECOMMENDATION Redirect my income tax	ON (Optional) xes to (check only one):
[] General/Group Fur	nd [] School Fund [] Student Fund
Name of School	
Name of Student	
Student Family Email	
	OTHER INFORMATION
	How did you hear about us? Check only one
	Family/Friend []
	CPA/Accountant []
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School []

Other []

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Complete the 3 required sections above.

If paying by check, attach here, enclose in envelope & send to

AZ4EDUCATION
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