

SCHOLARSHIP DONATION
Christian Scholarship Fund of Arizona, Inc.
P.O. Box 31101 Tucson, AZ 85751-1101
www.csf-az.org
(520) 322-0966

One Time Donations

Donor's Name: _____ **Phone #:** _____

Address: _____

Amount of Donation: _____ One time Monthly
(Please check one)

Check No.: _____ **or**
(payable to CSFA)

Credit Card #: _____ **Exp.:** ____ / ____ **CID:** _____

Donor's signature: _____ **Date:** _____

Indicate the School's name and address your donation is directed to (optional):

School's Name: _____

School's Address: _____
Street City State Zip

Donations not designated to a specific school may be used for scholarships / grants awarded at the discretion of the Christian Scholarship Fund of Arizona. Scholarships will be awarded without regard to the student's race, color, sex, handicap, familial status or national origin. Admission decisions are the exclusive responsibility of the school. At least 90% of all funds received will be used for scholarships. Donations are pursuant to A.R.S. Section 43-1089.

A School tuition organization cannot award, restrict or reserve scholarships solely on the basis of donor recommendation.

A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent.

Monthly Donations

Authorization Agreement for Monthly Donations

I authorize Christian Scholarship Fund of Arizona to automatically charge the above credit card for the amount of donation listed each month.

Donor's Signature: _____ **Date:** _____