

SCHOLARSHIP DONATION



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: _____

Please answer the following:

In what year will you be claiming this credit _____

Total amount donated this year _____

Arizona Tax Filing Status:

_____ *Single, Married Filing Separate, Unmarried Head of Household*

_____ *Married Filing Joint*

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

School's Name: _____

School's Address: _____
Street City State Zip

Scholarships are 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's 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: _____