

## **School Tax Credit Donation Form**

<u>PLEASE NOTE</u>: Under A.R.S. § 43.1089.01 <u>ONLY</u> the programs listed below qualify as a School Tax Credit contribution.

I would like my school tax credit donation to support the following:		
Arizona School for the Blind (Tucson Campus)	☐ Elementary School	Region 1
Arizona School for the Deaf (Tucson Campus)	Middle School	Region 2
Phoenix Day School for the Deaf	High School	Region 3
		☐ Where there is greatest need
Or you may specify an extracurricu	ılar activity below:	
☐ Athletics ☐ Braille Cl   ☐ ASB Art Program ☐ Academic   ☐ Fine Arts ☐ Close Up	_	Other (Please specify on
PLEASE COMPLETE THE IN Name:	FORMATION BELOW AND M	MAIL WITH YOUR CHECK.
Street/P.O. Box:		
	ze: Zip Code:	
Amount Enclosed: \$ Email (optional):		
*Comments:		
Please make checks payable to: (A RECE ASDB Attn: Finance 1200 W. Speedway Blvd., Tucson, AZ 83		OU)

For contributions made after December 31 but on or before April 15, the taxpayer has the option to claim the tax credit in either the previous tax year or in the year the contribution was made. The maximum amount of credit cannot exceed \$200 for taxpayers filing single or head of household or \$400 if married filing jointly.

## THANK YOU FOR YOUR CONTRIBUTION TO OUR STUDENTS!