

2023 Donation Form

First Name	Last Name		
Address	City	State	re Zip Code
Phone Number	E-mail Address		
Student and/or School Recommendation: (optional) *PLEASE N go to your o			E: You cannot recommend your donation household.
Name of Student or Students			_
Name of School or Schools			
Tax Filing Status: Married Filing Jointly OR Single			
This is my first private school tax credit donation for the 2023 tax year.			
OR			
I have previously donated \$ to for the private school tax program for the above tax year. Organization Name			
DONATION AMOUNT: \$ (Maximum: \$2,609 - filing jointly or \$1,307 - filing single)			
Please provide credit card or bank accoun	nt information below:	OR p	rovide check and
Credit/Debit Card Information			RETURN TO: Arizona Tuition Connection
Card Number OR Bank Account Information	=	ation Date	PO Box 63381 Phoenix, AZ 85082
ABA Routing Number	Account Number		
Bank Name	Type of Account: Checking	g or Savings	

Thank you for your donation. Should you have any questions, you can call us at 480-409-4106.