

DONATION FORM

DONOR INFORMATION Contributions made between April 18th and Full Name: _____ December 31st qualify for the current year ONLY. Address: Contributions between January 1st and April 15th should clearly indicate which tax year to apply City, State: _____ Zip: _____ the credit. Phone: Please apply to tax year: _____ Email: _____ DONATION AMOUNT PAYMENT INFORMATION Check enclosed made payable to Students First Foundation 1. Original Tax Credit Donation Amount \$___ Max Original Donation Single: \$731 | Married: \$1,459 Check#: _____ 2. Plus Tax Credit Donation Amount: \$ ___ Please charge the full donation amount on my credit card. Max PLUS Donation Allowed: Single: \$728 | Married: \$1,451 Visa MasterCard Discover American Express NOTE: Per Arizona Law, you must meet the maximum donation for the Original Tax Credit before donating to the PLUS tax credit. TOTAL DONATION (1+2): \$ Credit Card # ______ Total Donation Allowed: SINGLE: \$1,459 (\$731 ORIGINAL + \$728 PLUS/OVERFLOW) Expiration _____ CVV# ____ MARRIED: \$2,910 (\$1,459 ORIGINAL + \$1,451 PLUS/OVERFLOW)

Mail completed form and check, if applicable, to:

Students First Foundation

2055 S Power Rd, Mesa, AZ 85209

Save Paper and Postage!

Visit studentswin.org and donate online!

RECIPIENT RECOMMENDATION



This form and fields are optional.

Donors can make a recommendation for the scholarship awards. However, please be aware of Arizona statute A.R.S. 43-1603: 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.

| ORIGINAL TAX CREDIT | PLUS TAX CREDIT |
|--|--|
| I/we would like to make a donation to the General Scholarship fund for any qualified student. | I/we would like to make a donation to the General Scholarship fund for any qualified student |
| ☐ I/we would like to recommend a specific school | I/we would like to recommend a school: |
| School: | School: |
| City: | City: |
| I/we would like to recommend that our donation be considered for an award to a specific student for a specific school: | I/we would like to recommend that our donation be considered for an award to a specific student at a specified school: |
| Student#1 Name: | Student #1 Name: |
| School Name: | School Name: |
| Student#2 Name: | Student#2 Name: |
| | School Name: |
| School Name: | |

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