

ARIZONA PRIVATE EDUCATION SCHOLARSHIP FUND, INC.

Tax Credit Contribution Form

Yes! I/We would like to redirect our Arizona state income taxes to benefit private school students in the state of Arizona by making a tax credit contribution to the Arizona Private Education Scholarship Fund, Inc.



Donor Information

Donor's Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Email: \_\_\_\_\_ Please send my receipt by:  Email  Mail



Payment Options

Check: Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ (Please make check payable to "APESF" and leave the memo line blank.)

One-Time Credit Card Payment: Amount: \$ \_\_\_\_\_  Visa  MasterCard  AMEX  Discover  
Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Sec Code \_\_\_\_\_  
(3 or 4 digits on corner or back of card)

Monthly CC Payments: Amount to Charge: \$ \_\_\_\_\_  Visa  MasterCard  AMEX  Discover

I hereby authorize the Arizona Private Education Scholarship Fund, Inc. (APESF) to automatically charge the following credit card for the amount of the donation listed above on the 15th of each month. If the 15th falls on a weekend or holiday, I understand that my credit card will be charged on the first following business day. This authority is to remain in effect until December 31 of the current year or until APESF has received written notification from me of its termination. I understand that I must resubmit this form at the beginning of each calendar year for the agreement to continue.

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Sec Code \_\_\_\_\_  
(3 or 4 digits on corner or back of card)

I/We the Taxpayer(s)/Donor(s) understand that Arizona law allows an annual credit for married taxpayers up to \$1000, single individuals and heads of households \$500. No less than 90% of annual revenue received by APESF will be awarded for tuition scholarships. All final decisions to award scholarships are up to the sole and absolute discretion of APESF. In order to receive a tax credit for the current year, donations must be received by APESF or postmarked by December 31. My/Our donation is pursuant to A.R.S. Section 43-1089.

Signature: \_\_\_\_\_

Please mail this completed form with payment to: APESF | 14550 N. Frank Lloyd Wright Blvd. #100 | Scottsdale, AZ 85260



Make a Recommendation

By making a recommendation with this contribution, I/we understand the following:

- A recommendation of a specific student does not imply a guaranteed award. All final decisions to award tuition scholarships are up to the complete and sole discretion of APESF.
- Reciprocity or recommendation "swapping" is strictly prohibited I/We certify that this recommendation is not knowingly being made with that intention.
- Arizona statute prohibits that recommendation of the donor's dependent(s) as a potential scholarship recipient.

Please make your recommendation below:

General Fund: Any student(s) attending a qualified private school in the state of Arizona.

Students from a Specific School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

School Enrolled: \_\_\_\_\_ School Enrolled: \_\_\_\_\_