CONTRIBUTION FORM

Arizona Private School Tuition Tax Credit

CONSIDER ANY AMOUNT UP TO THE TAX YEAR MAX CREDIT BELOW:	2019
Single Max Credit	\$1,135
Married Max Credit	\$2,269
Give Bv	4/15/2020

4/15/2020 4/15/2021

CONTRIBUTOR

First Name: ______ M.I. ____

Spouse Name: _____ Address:

City: ______ State: ____ ZIP: ____

Email: Member(s) of Parish:

Thank You! We will share your contact information so that our schools can thank you for your support.

Not necessary

Have you already made a tax credit gift to another

School Tuition Organization (STO) this year?

O YES: I gave \$_____ for Tax Year 20_____ . O No, this is my first contribution to any STO this year.

For Today's Contribution:

O Married Filing Jointly

Tax Year intended to claim Credits 20_____.

O Filing Single

STATE-REQUIRED DISCLOSURE

2020

\$1,183

\$2,365

Card Number:

Signature:

I am paying by: O Check (Make payable to Catholic Education Arizona)

(OR) MONTHLY CONTRIBUTIONS

ABOUT

O Social Media

CONTRIBUTION

School 1:______\$_____\$

School 2: \$

PAYMENT INFORMATION

O Visa O Mastercard O Discover O AMEX

Total: \$

Expires: ____ / ___ CVV Code ____

O Referred by

General Scholarship Fund for Schools in Most Need

How did you hear about CEA? O School

O Parish

O Mail ____

Would you like to STRETCH your contribution into smaller, monthly or bi-monthly payments? Register for **MONTHLY CONTRIBUTIONS** at **CEAZ.ORG** or call our office for assistance at 602-218-6542.

Complete and mail the contribution form to: Catholic Education Arizona 3550 N. Central Ave., Suite 1020 Phoenix. AZ 85012-2110

Last Name: