



DONOR INFORMATION

Name of Corporation		
Street		
City	State	Zip
Phone	Fax	
Primary Contact	Title	
Primary Email		
Secondary Contact	Title	
Secondary Email		
Corporation Type (select one	☐ C Corp ☐ S Corp ☐ LLC th	nat files as an S-Corp
Corporate EIN Number	NAIC Number for In	surance Companies
Company Name and EIN of Parent	S Corporation, if contributing company is a	qualified Subchapter S Subsidiary
NATION INFORMATION		
Amount Corporation is Requ	esting to Donate: \$	
Optional School Recommend	ation	
Dream City Christian School Flagstaff Christian School	Northwest Christian SchoolParadise Valley Christian Preparatory	Scottsdale Christian Academy Trinity Christian School, Presc

Timing and Submitting This Form

Arizona Department of Revenue's donation application process opens each July 1st. Please return this completed form by June 15th for this opening approval cycle. Donation Form Requests may be accepted throughout the year as credit remains available under the ADOR's annual aggregate cap. Please return this form to AZTO by email to admin@azto.org, or by mail to the address on this form.