DONATION FORM: 2019

BY PERSONAL CHECK

(For Credit Card Donations, go to www.azto.org)



PO BOX 29661, DEPT 2003 PHOENIX, AZ 85038-9661 PHONE: 602.295.3033

(Signature Required)

www.azto.org

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1. DONOR INFORMATION

Last			Spouse (if filing jointly)	<u>M.I.</u>
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Street				
City/State/Zip			Phone	
Email				TO Donor
Tax Filing Statu		ried Filing Separate, or F	lead of Household	
I have already	tion to a School Tuition Org contributed \$ include any tax credit donations t	_to AZTO or another Sc	hool Tuition Organization for the	2019 tax year
🔍 2. DONOR I	RECOMMENDATION			
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4. SIGNATURE OF DONOR

You agree to the following when donating to AZTO: 1) This donation is for the 2019 Tax Year only. 2) Arizona statute prohibits recommending the donor's dependent as a potential scholarship recipient. 3) Notice: A School Tuition Organization cannot award, restrict or reserve scholarships solely on the basis of a donor's 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. 4) Final decisions to award scholarships are at the complete and sole discretion of AZTO. 5) A donation to AZTO must be postmarked by April 15th, 2020 to receive a tax credit for the 2019 tax year. 6) Donations to AZTO are pursuant to ARS Sections 43-1089 and 43-1089.03. 7.) Please make personal check payable to AZTO or Arizona Tuition Organization. No business checks accepted.