



DONOR INFORMATION

Name of Corporation		
Street		
City	State	Zip
Phone	Fax	
Primary Contact	Title	
Primary Email		
Secondary Contact		
Secondary Email Corporation Type (select one	e) 🗖 C Corp 🗖 S Corp 🗖	LLC that files as an S-Corp
Corporate EIN Number	NAIC Numbe	er for Insurance Companies
Company Name and FIN of Parent	S Corporation, if contributing compa	any is a qualified Subchapter S Subsidiary
Company Name and Lint of Paletti		
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NATION INFORMATION Amount Corporation is Requ Optional School Recommend	uesting to Donate: \$	

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, fax to 1-866-833-5170, or by mail to the address on this form.