DONOR INFORMATION FORM











EMAIL THIS FORM TO US AT INFO@SCHOOLCHOICEARIZONA.ORG, OR MAIL IT TO US AT 2241 EAST PECOS ROAD, CHANDLER, AZ 85225

Date			
Tax Credit (check one) Low Income (A.	.R.S. § 43-1183)	D	isabled/Displaced (A.R.S. § 43-1184)
Corporation Name			Corporation Type (check one) C Corp S Corp
Corporation Address			
City	State	ZIP	
Phone		Fax	
Primary Contact Name		Primary Contact Title	
Primary Contact Email			
Corporate EIN		NAIC Number (if Corporation pays insurance premium tax)	
If contributing company is a qualified subchapter S subs	idiary, name and	I I EIN of parent S corpo	oration:
Accounts Payable Address (if different)		Accounts Payable Contact (if different)	
Donation Amount School	Recommendati	on(s) (optional)	School City (optional)
How did you hear about us? Can we share your donation information with your recommended school? Yes No		donation as soon different date). After donation is approve met. When we rece corporation has tw	na Department of Revenue's Pre-Approval Form for your as we receive this form from you (unless you choose a this, the ADOR has twenty days to inform us whether your dorrejected, based on whether the statewide cap has been ive notification that your donation has been approved, your enty days to fund the donation to School Choice Arizona.