



ARIZONA PRIVATE EDUCATION SCHOLARSHIP FUND, INC.  
**Mail-In Contribution Form**

*Thanks for donating! You must read & respond to ALL of the following in order for us to process your donation correctly.*

**Donor Information**

Name (First & Last): \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Donation Details**

**Do you plan to take a dollar-for-dollar Arizona state tax credit for this donation?** (Check one.)

Yes.  No, I don't have an AZ state tax liability & will only claim a federal tax deduction for my donation. *(Move to Recommendation section.)*

**Have you made any other private school tax credit donations that you plan to claim in the same tax year as this donation?** (Check one.)

Yes, in the amount of \$\_\_\_\_\_ to \_\_\_\_\_.  No.

**Filing status:** (Check one.)  Single / Married filing separately  Married filing jointly

**Tax year expected to be claimed** (i.e., 2019, 2020): \_\_\_\_\_





**RECOMMENDATION** (not a designation) – *You may list more than one student and/or school. If you do not have a specific recommendation, check the General Fund box, and we will award scholarships to eligible students in need.*

Student(s): \_\_\_\_\_

School(s): \_\_\_\_\_

General Fund

**I wish to make the following total donation to APESF:** \$ \_\_\_\_\_

<p><b>2019</b>          SINGLE: \$1135          ORIGINAL: \$569            OVERFLOW: \$566</p>	<p><b>2020</b>          SINGLE: \$1183          ORIGINAL: \$593            OVERFLOW: \$590</p>
<p>MARRIED: \$2269          ORIGINAL: \$1138            OVERFLOW: \$1131</p>	<p>MARRIED: \$2365          ORIGINAL: \$1186            OVERFLOW: \$1179</p>

You have the option to make a tax-deductible gift to our **SEED Program\*** that supports students.

If you'd like to do so, enter that total here: \$\_\_\_\_\_ \*For more information, visit: [www.apesf.org/seed-program](http://www.apesf.org/seed-program)

**Payment Details**

**This donation is being made:**

With the enclosed check made payable to APESF *(Please do not reference the name of a student in the memo line.)*

With the following credit card information: Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code (3 digits on back/4 digits on front of card): \_\_\_\_\_

**Please read, sign and date.**

*I, the Donor/Taxpayer, understand and acknowledge the following:* APESF cannot award, restrict or reserve scholarships solely on the basis of donor recommendation, and the final decision to award scholarships is subject to the absolute discretion of APESF. My donation will not qualify for a state tax credit or federal tax deduction if I have designated a student beneficiary as a condition of my contribution OR if I have agreed with another person to designate each other's contribution for the direct benefit of each other's dependent OR if I have designated the donation for the direct benefit of my own dependent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.