

CONTRIBUTOR

First Name _____ MI _____
Last Name _____
Spouse's Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Parish Name _____
You anticipate filing your taxes: Single or Filing Separately Married Filing Jointly
Tax year for which this credit is intended: 20 _____.

STATE-REQUIRED DISCLOSURE

Have you already contributed to a private school through another School Tuition Organization (STO) this year? (Does not include public school credits)
 Yes, I have already given \$_____ to another STO for tax year 20_____.
 No, this is my first contribution to any STO this year.

CONTRIBUTION

I recommend the following schools/amounts (see brochure for list of schools):
_____ \$ _____
_____ \$ _____
Family Referral Plan ID# (if applicable): _____
 General Fund/Schools with greatest need: \$ _____

PAYMENT INFORMATION

By check: Amount \$_____ Check # _____ (Make payable to **CTSO**)
 By credit card: Amount \$_____ Visa MasterCard Discover AMEX
Credit Card Number _____
Name on Card _____ Exp. Date _____
Signature _____

You can also contribute online at www.ctso-tucson.org
Visit our website for easy monthly pay information and to learn about company matching gifts or process your contribution yourself.