



Scheduled Contribution Form - 2024

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____ Email: _____

Tax Filing Status – Mandatory for accurate recording on receipt!

Married/filing jointly Single/Individual filing

School(s) Recommending: _____ RP# _____

(if applicable)

Electronic Funds Transfer (EFT) Authorization

You may transfer \$ _____ per month for _____ months for a total contribution of \$ _____

From my: Checking () or Savings () on the _____th day of the month beginning _____
(month)

Name of Bank: _____

ABA Routing #: _____

Account #: _____

Name(s) on account (please print): _____

Address on account: _____

Signature: _____ Date: _____

Credit Card Authorization

You may charge \$ _____ per month for _____ months for a total contribution of \$ _____

From my: Visa () MC () AmEx () Discover ()

on the _____th day of the month beginning _____
(month)

Credit Card #: _____

Expires: _____ Month _____ Year

Cardholder Name (please print): _____

Billing Address: _____

Signature: _____ Date: _____

Complete and mail to: CTSO, PO Box 31, Tucson, Arizona 85702-0031 OR call to start: 520-838-2572

Taxpayers may claim all contributions made January 1 through December 31 as a charitable donation as well and qualify for a dollar-for-dollar tax credit (up to \$2,483 for a couple filing jointly and \$1,243 for a person filing single) up until April 15. You will receive a receipt in January for the applied tax year or you can call anytime to request one to be sent to you.