

## 2022/2023 Donation Form

First Name	Last Name		
Address	City	State	Zip Code
Phone Number	E-mail Address		
Student and/or School Recommendation: (optional)  *PLEASE NO go to your ow			nnot recommend your donation
Name of Student or Students			
Name of School or Schools			
Tax Year: Tax Filing Status: Married Filing Jointly OR Single			
	ated \$ to tax program for the above tax year.	Organization Name	
DONATION AMOUNT			ly or <b>\$1,243</b> – filing single) ly or <b>\$1,307</b> – filing single)
Please provide credit card o	r bank account information below:	OR provid	e check and
Credit/Debit Card Information	n		RN TO: na Tuition Connection
Card Number	OR Expir		O Box 63381 hoenix, AZ 85082
Bank Account Information			-
ABA Routing Number	Account Number		
Bank Name	Type of Account: Checkin	g or Savings	

Thank you for your donation. Should you have any questions, you can call us at 480-409-4106.