

CONTRIBUTION FORM

Mail to: TOPS for Kids, Dept. #880031
PO Box 29650, Phoenix, AZ 85038-9650

DONOR INFORMATION

Full Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

FILING INFORMATION

Donation is to be claimed for tax year: 20 _____

Filing status on my income tax return:

Single, Married Filing Separately, or Unmarried Head of Household

Married Filing Jointly

I have already donated to another school tuition organization for the 2018 tax year (not a public school or working poor program):

Yes No

If so, to which STO? _____

And how much? _____

DONATION AMOUNT

1 ORIGINAL TAX CREDIT

SINGLE	MARRIED
\$555	\$1110

MAXIMUMS	

DONATION
AMOUNT:

\$ _____

**YOU MAY ONLY DONATE FOR #2 AFTER DONATING THE
MAXIMUM FOR #1**

2 PLUS TAX CREDIT

SINGLE	MARRIED
\$552	\$1103

MAXIMUMS	

DONATION
AMOUNT:

\$ _____

TOTAL DONATION (1+2): \$ _____

Make check payable to: **TOPS for Kids** Check: # _____

Signature: _____

Printed Name: _____

DONATION RECOMMENDATION

Though recommendations are allowed and considered for both tax credits, "Original" and the "PLUS" programs, each program has a different set of criteria for qualifications. So, if you recommend a specific child, they may only qualify for one & not the other program. In that case, that part of the donation which the child does not qualify for will go to aid another qualified student in the school of the recommended child.

ORIGINAL TAX CREDIT

I/we would like to make a donation to the General Scholarship fund for any qualified student

I/we would like to recommend a specific school (optional):

School: _____

City: _____

I/we would like to recommend that our donation be considered for an award to a specific student at a specified school (optional):

#1) Student Name: _____

School's Name: _____

#2) Student Name: _____

School's Name: _____

#3) Student Name: _____

School's Name: _____

PLUS TAX CREDIT

I/we would like to make a donation to the General Scholarship fund for any qualified student

I/we would like to recommend a specific school (optional):

School: _____

City: _____

I/we would like to recommend that our donation be considered for an award to a specific student at a specified school (optional):

#1) Student Name: _____

School's Name: _____

#2) Student Name: _____

School's Name: _____

#3) Student Name: _____

School's Name: _____



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