

## 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

<b>SINGLE</b>	<b>MARRIED</b>
<b>\$555</b>	<b>\$1110</b>
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<b>MAXIMUMS</b>	

DONATION  
AMOUNT:

\$ \_\_\_\_\_

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

### 2 PLUS TAX CREDIT

<b>SINGLE</b>	<b>MARRIED</b>
<b>\$552</b>	<b>\$1103</b>
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<b>MAXIMUMS</b>	

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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