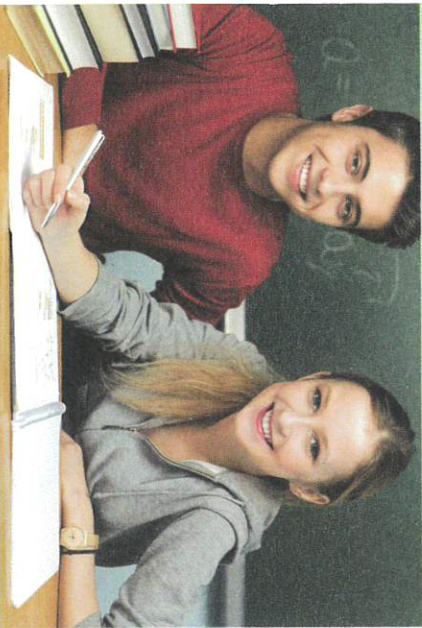


FAQ'S

WHY SHOULD I DONATE TO ARIZONA ADVENTIST SCHOLARSHIPS, INC?

We believe every student who wants to attend an Adventist school should be able to.

AA Scholarships has provided tuition assistance to hundreds of families, allowing children who otherwise would not have been able to afford it, to receive a transformational Christian Education! With your support, we can help more students.



We are an Arizona School Tuition Organization certified to receive tax credit scholarship dollars. If you are an Arizona taxpayer, you can make a donation subject to the state allowed maximum, and receive a dollar for dollar credit on your state taxes.

See azadventistscholarships.com for allowed maximum information.

WHERE DO I GO TO DONATE?

- a) Fill out the form, place it in the attached envelope, enclose your check, and mail it.
- Or
- b) Visit azadventistscholarships.com and click DONATE.

WHO WILL BENEFIT FROM MY DONATION?

You may recommend one of our Adventist schools to receive your donation, as well as a specific student. If no recommendation is given, funds will be disbursed based on needs of our schools and eligible students.



Please complete this form and make your check payable to: **Arizona Adventist Scholarships, Inc.**
For Questions please call: **480.519.1379**

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email: _____

Tax year intended to Claim Donation: 20_____

A single Taxpayer: Married Persons Filing Jointly:

Have you previously donated to an STO this year?

YES: It was to _____ (STO) for \$_____

and I will claim it on my 20_____ Taxes.

NO: This is my first time donating to an STO this year.

A: Original Tax Credit Donation

Donation Amount: \$ _____

Student recommendation: _____

School: _____

You may only donate towards "B" if you donated the maximum amount for "A" for the same taxable year.

B: Switcher /Overflow Tax Credit Donation

Donation Amount: \$ _____

School: _____

.....
(Please fold here after you complete the form)

PAYMENT INFORMATION

Check enclosed \$ _____

Credit Card - Charge full amount now \$ _____

Credit Card - Charge my card \$ _____ monthly for _____ months.

VISA MasterCard DISCOVER

CC# _____

Exp Date _____ / _____ CVV _____

Billing Address: _____

Your Signature: _____

AzAdventistsScholarships.com

480.519.1379

