



Providing Scholarships to
Arizona's Children Since 1993

S-Corporation Donor Information

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Parent S-Corporation: _____
Business Address of S-Corporation: _____
City: _____ State: _____ Zip: _____
Parent S-Corporation EIN: _____ - _____ - _____
S-Corp Donation Amount: _____
Primary Contact: _____ Title: _____
Phone: _____ Email: _____
Signature: _____ Dated: _____

Designated school(s) (if any): _____
Date to submit the pre-approval form to AZDOR if different from above date:
____ / ____ / ____

The Arizona Department of Revenue (ADOR) is *not* required to release any of your identifying information for making a corporate contribution to Arizona School Choice Trust (ASCT).

Since this information is *not* public record, ASCT allows each contributor to determine whether or not they would like to remain confidential or authorize ASCT to disclose to the public your identity as a contributor and/or the dollar amount.

Name of S-Corporation: _____
Address of S-Corporation: _____
City: _____ State: _____ Zip: _____
Primary Contact: _____ Title: _____
Signature: _____ Dated: _____

Please initial the appropriate line below:
_____ Remain confidential (i.e., no identity or scholarship amount released)
_____ Release only some information (i.e., only your identity)
_____ Release information (i.e., both your identity and the scholarship amount)