



Montessori Academy

(A Public Charter School – CTDS # 078977000)

Participate in the Arizona Tax Credit Donation -2009

Contributor/Taxpayer: _____ Phone No.: _____

Address: _____
STREET CITY STATE ZIP CODE

Student Name (if applicable): _____

Amount: _____ in full

*Spread out the Donation: Monthly Amount: _____ - By signing below you are authorizing the school to charge the monthly amount on your credit card on the 1st of each month – Starting month _____, 2009.

The above payment is eligible for the Arizona state income tax credit as allowed by Arizona Revised Statute §43-1089.01. The tax credit is limited to \$400 for married couples and \$200 for individuals. A donation letter, receipt and tax form will be mailed to you for tax purposes at the end of the year. Donations are nonrefundable by the school district. Please consult your personal tax advisor to determine the application of the credit.

Paying by Credit Card

MasterCard VISA Card AMEX Card Number: _____

Expiration Date: _____ Signature: _____

Complete the credit card information and fax this form to **(480) 874-2928** or mail to the address below.

Due Date: Donations must be made by December 31, 2009. Mail must be postmarked by December 31, 2009.

Paying by Check:

Please make checks payable to **Montessori Academy** and mail with this form to the address below.

Mailing Address: 2928 N 67th Place, Scottsdale, AZ 85251