



# Children's Care Arizona

## Donation Form

Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

### School Recommendation: *(optional)*

Name of School \_\_\_\_\_

**Tax Filing Status:**  Married Filing Jointly OR  Single

**DONATION AMOUNT:** \$ \_\_\_\_\_ (Maximum: \$800 - filing jointly or \$400 - filing single)

Please provide credit card or bank account information below: **OR** provide check and

#### *Credit/Debit Card Information*

\_\_\_\_\_

Card Number

\_\_\_\_\_

Expiration Date

**OR**

#### *Bank Account Information*

\_\_\_\_\_

ABA Routing Number

\_\_\_\_\_

Account Number

\_\_\_\_\_

Bank Name

\_\_\_\_\_

Type of Account: Checking or Savings

RETURN TO:



Children's Care Arizona

**Children's Care Arizona**  
**P.O. Box 5303**  
**Goodyear, AZ**  
**85338**  
donations@childrenscareaz.org

*Thank you for your donation.*  
Should you have any questions, you can call us at 480-795-3775.

NOTICE: CHILDREN'S CARE ARIZONA WILL NOT AWARD, RESTRICT OR RESERVE SCHOLARSHIPS SOLELY ON THE BASIS OF A DONOR'S RECOMMENDATION.