



ALTAR VALLEY SCHOOL DISTRICT
TAX CREDIT FORM

NAME _____ PHONE _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

AMOUNT OF DONATION: \$ _____
(Up to \$400.00 joint return OR up to \$200.00 single return)

CHECK # _____ MONEY ORDER # _____ CASH ____ (check for yes)

PLEASE APPLY MY CONTRIBUTION TO THE FOLLOWING:

ROBLES ELEMENTARY SCHOOL

IF THIS IS FOR A
SPECIFIC STUDENT, LIST NAME

WHERE THE NEED IS GREATEST	\$ _____	_____
FIELD TRIPS	\$ _____	_____
MOUNT LEMMON	\$ _____	_____

ALTAR VALLEY MIDDLE SCHOOL

WHERE THE NEED IS GREATEST	\$ _____	_____
ATHLETICS	\$ _____	_____
FIELD TRIPS	\$ _____	_____
DISNEY	\$ _____	_____
WASHINGTON, D.C.	\$ _____	_____

RETURN THIS FORM TO:

ALTAR VALLEY SCHOOL DISTRICT
10105 SOUTH SASABE HWY
TUCSON, AZ 85736

THANK YOU FOR MAKING ALTAR VALLEY SCHOOL DISTRICT YOUR DONATION CHOICE