



San Simon Unified School District #18

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San Simon, Arizona 85632-0038
Phone: (520) 845-2275 Fax: (520) 845-2480
www.sansimon.org
Mrs. Kari Wade, Superintendent

Count me in as a Partner in Education

Join the San Simon School District #18 as a partner in education! Please make a \$200/\$400 tax credit donation to our school. **The amount you are eligible to claim as a tax credit is dependent on your filing status.** Please be aware that these amounts are the maximum (\$200 for single or married filing separately and \$400 for married filing jointly). You are not required to donate the maximum or make your donation all at once. Any amount is appreciated. In return, you will receive a dollar-for-dollar credit on your State of Arizona Income Tax and charitable donation credit on your federal tax return. While businesses are not eligible for the tax credit, all contributions are welcome and appreciated. Contributions are non-refundable by the school district.

Please make all checks payable to: San Simon Unified School District #18. All forms and contributions must be received or postmarked by **April 15, 2024**, to take advantage of the tax credit for 2023.

Last Name(s): _____

First Name(s): _____

Mailing Address: _____

Phone Number: _____ E-mail Address: _____

Social Security Number(s) _____

Amount of donation: \$ _____

_____ Single/Married filing separately

_____ Married filing jointly

Signature(s)

Please designate a specific club, organization, or program to receive your donation. You may also elect to indicate "greatest need" if you do not wish to support a specific program.

Donation to be used for _____

The San Simon Unified School District #18 will collect information to be used for tax reporting purposes only. Your rights to privacy are of the utmost importance to our district and all information will be kept confidential. We sincerely appreciate your donation to the San Simon Unified School District #18.

FOR OFFICE USE ONLY

Cash _____ Money Order _____ Check # _____ Received By _____ Date _____