

# ARIZONA CHRISTIAN SCHOOL TUITION ORGANIZATION (ACSTO)

## WITHHOLDING REDUCTION DONATIONS SIGN-UP FORM

### INSTRUCTIONS

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1) Fill out this form and send it to ACSTO by either mail or fax:

ACSTO  
PO Box 6580  
Chandler, AZ 85246

Fax: (480) 820-2027

2) ACSTO will send you a confirmation of this information as well as an Authorization Form to sign and give to your employer.

### CONTACT INFORMATION

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LAST NAME: \_\_\_\_\_ FIRST NAME(S): \_\_\_\_\_ MIDDLE INITIAL(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### DONATION INFORMATION

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TAX YEAR OF WITHHOLDING DONATIONS: \_\_\_\_\_ INTENDED TOTAL DONATION: \_\_\_\_\_

RECOMMENDED STUDENT NAME(S) (OPTIONAL)\*: \_\_\_\_\_

SCHOOL NAME (OPTIONAL): \_\_\_\_\_

*\* Decisions awarding tuition grant / scholarships are the sole responsibility of the organization and are at its complete discretion. Admission decisions are the exclusive responsibility of the school.*

*\* **NOTICE:** A school tuition organization cannot award, restrict or reserve scholarships solely on the basis of a donor's recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent.*

### EMPLOYER INFORMATION

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EMPLOYER NAME: \_\_\_\_\_

PRIMARY CONTACT NAME / TITLE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

### I WOULD LIKE MY CONFIRMATION FORM SENT TO ME VIA: (PLEASE CIRCLE ONE)

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MAIL          EMAIL          FAX      IF FAX, PLEASE ENTER #: ( \_\_\_\_\_ ) \_\_\_\_\_

NOTES: \_\_\_\_\_

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