



**CENTRAL ARIZONA VALLEY INSTITUTE OF TECHNOLOGY
Extracurricular Activity Tax Credit Contribution Form
To support Public Schools Extracurricular Activities**

Please fill out the following information (**print in black ink**) if you would like to support the extracurricular activities of CAVIT School District.

DONOR'S LAST NAME: _____ DONOR'S FIRST NAME: _____

MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMAIL: _____

I would like my contribution to support the following extracurricular activity(s):

- \$ _____ **Cosmetology-SkillsUSA**
- \$ _____ **Emergency Medical Technician-HOSA**
- \$ _____ **Field Trips-Unassigned**
- \$ _____ **Fire Science-SkillsUSA**
- \$ _____ **Greatest Need-Unassigned**
- \$ _____ **Law Enforcement-SkillsUSA**
- \$ _____ **Massage Therapy-HOSA**
- \$ _____ **Medical Assistant-HOSA**
- \$ _____ **National Technical Honor Society**
- \$ _____ **Nursing Assistant-HOSA**
- \$ _____ **Veterinary Assistant-HOSA**

Return the completed form with your contribution to the CAVIT District Office located at 1789 W. Coolidge Ave., Coolidge, AZ 85128. **Please make checks payable CAVIT School District. Your official pre-numbered receipt will be mailed to you January 31st of the year following your contribution.**

CONTRIBUTION LIMITS: As of the printing of this form, total contribution cannot exceed \$400.00 per calendar year if filing status is Married, filing Joint Return; \$200.00 per calendar year if filing status is Single or Head of Household; or if filing Married filing separate return.

Received by: _____ Amount \$ _____ Date: _____

**Your contribution can be mailed to CAVIT School District, c/o Tax Credits,
1789 W. Coolidge Avenue, Coolidge, AZ 85128**