WENDEN ELEMENTARY SCHOOL DISTRICT #19 CTD# 150419

71001 E SANTA FE AVE * PO BOX 8 * WENDEN, AZ 85357 PHONE: (928) 859-3806 FAX: (928) 859-3958

Please fill out one form per contributor: PLEASE PRINT. Make checks payable to Wenden Elementary School District #19 and send or drop off to the address above.

To count for the 2019 tax year, contributions must be received by December 31, 2019. Please note that the school offices will be closed for winter break December 23rd- January 3, 2020.

Contributor/Taxpayer:		Date:
Taxpayer Social Security Number: (must match the person above)		
Contributor/Taxpayer Address:		
City:	State: <u>Arizona</u> Zip	Code:
Activities you wish to donate for:		
() Sports() Greatest Need		
Amount paid for the support of extract (Please note that individuals may contribute up to \$200,		
The above payment is eligible for the 1089.01. Please consult with your per as all taxes are different. <i>A receipt with the period of the payment is eligible for the 1089.01.</i>	rsonal tax advisor to determine	ne the application of this credit
***************	*** For School Use *****	*******
Amount Received: \$	Receipt Num	ber:
From:		
School Officia	1	Date