



DONATION FORM



Please apply the enclosed donation of \$ _____ Date: _____

(If you're donating for the AZ TAX CREDIT, then you can give up to
2024: \$470 (for single filing) and \$938 (for joint filing)

Make checks payable to
Payson Senior Center.

Address: 514 W Main Street Payson, AZ 85541

(PLEASE PRINT CLEARLY)

Donor Name(s): _____

Address: _____

City: _____, AZ Zip: _____

Email: _____

Phone: _____

I would like to pay with a credit card:

Visa MC AmEx

Cardholder Name: _____

Card Number: _____

Exp. Date: _____ CSC#: _____

NON-CASH Donation Valued At: \$ _____

Description: _____

Thank you for your support!



Received by: _____ Date: _____ Cash Check Card