



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.**

(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#: _____

(forms will be shredded)

Drop form off at The Center or mail to:

**Payson Senior Center
514 West Main
Payson, AZ 85541**

Thank you for your support!



Received by: _____ Date: _____ Cash Check Charge