



DONATION FORM



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

2024 AZ TAX CREDIT allows you to claim up to
\$470 (for single filing) and \$938 (for joint filing)

Make checks payable to: Payson Senior Center

514 W Main Street Payson, AZ 85541 (928) 474-4876

(PLEASE PRINT CLEARLY)

Donor Name(s): _____

Address: _____

City: _____, AZ Zip: _____ Phone: _____

Email: _____

I would like to pay with a credit card: Visa Mastercard American Express

Cardholder Name: _____

Card Number: _____

Exp. Date: _____ CSC#: _____

NON-CASH Donation Valued At: \$ _____

Description: _____

EIN # 74-2378900 • QCO code: 20507



Thank you for your support!

Received by: _____ Date: _____ Cash Check Card