



**SCHOOL CHOICE**  
OHIO

# Contribution Form

## Contributor

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  I wish to remain anonymous

### Spouse\* (if married, filing jointly):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Donation in honor of: \_\_\_\_\_

## CONTRIBUTION

General Scholarship Fund for (School Name)

\_\_\_\_\_ Amount \$ \_\_\_\_\_

## PAYMENT INFORMATION

I am paying by:

Check (made payable to Ohio Scholarship Fund DBA Every Child Every Family)

Credit Card:  Visa  Mastercard  Discover  AMEX

Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Gift: \_\_\_\_\_

This donation may qualify you for a tax credit on your Ohio tax liability.

Be sure to consult your tax professional with questions and when claiming your tax credit in Ohio.

Complete and mail contribution form to:

**Every Child Every Family**  
School Choice Ohio  
1335 Dublin Road, Suite 50-A  
Columbus, Ohio 43215