everychildeveryfamily.org
SCHOOL CHOICE OHIO

Contribution Form

Contributor

☐ I wish to remain anonymous

First Name: _____ Last Name: _____

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: _____

SCAN TO DONATE NOW

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

Complete and mail contribution form to:

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

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