



Crossover Scholarship Fund

Partnering with students to fulfill their God-given potential through education.

Donor Commitment

One Year (50% tax credit) _____

Two Year (75% tax credit) _____ The first year of my two year commitment is 2019 _____ 2020 _____

Donor Filing Status

Single/Married filing separately _____ Married filing jointly _____ Qualified business entity _____

Donor Section

Name _____

Address _____

City _____ Zip _____

Phone _____ Email _____

Donation Amount _____ Donor SSN/ EIN* _____

**The Oklahoma Tax Commission requires us to provide your Social Security Number/Employer Identification Number in order for you to claim your tax credits for donating to CSF. If you leave it blank, a staff member will contact you to retrieve the information.*

If I agree to make a two-year commitment, I agree to contribute the same amount for two consecutive years (i.e. 2020 and 2021). In return, I will receive an Oklahoma tax credit equal to 75% of my donations within annual limitations. Complete this form and make the initial donation check payable to the Crossover Scholarship Fund. **Mail to Crossover Scholarship Fund, 940 E. 36th St. N., Tulsa, OK 74106.**

Donor Signature _____

For CSF Office Use

Date Donation Received _____ By _____

Date Receipt Letter Mailed _____ By _____