



Scholarship Granting Organization for the CATHOLIC DIOCESE OF SALINA

Contributor Information

Instructions: Please complete this form and mail to **Scholarship Granting Organization for the Catholic Diocese of Salina, 103 North Ninth, Salina, KS 67401** with payment or scan and email to heather.hartman@salinadiocese.org. All gifts need this form to be processed for the state tax credit.

The State of Kansas offers \$10 million in tax credits for this program each year. The credits are issued on a first come, first served basis. Once the limit has been reached, credits will be unavailable until the beginning of next tax year. There is a minimum annual gift of \$1000 and a maximum of \$500,000 for purposes of receiving a Kansas income tax credit.

Type of taxpayer

- C Corporation Premium taxpayer Pass-thru entity*
 Privilege taxpayer Individual

Taxpayer/Company name _____

Company contact name _____

Taxpayer SSN/Company EIN _____ (include spouse SSN, if listed above) _____

Taxpayer/Company address _____

Taxpayer/Company phone number _____

Taxpayer/Company contact email address _____

Donation information

Make checks payable to: **Scholarship Granting Organization for the Catholic Diocese of Salina** with **“Low-Income Scholarship tax credit program”** in the check memo section.

Gift amount _____ Payment method __ Check __ Cash __ Credit card __ Stock**

Signature _____ Date _____

Credit card type _____ Credit card number _____

Name on card _____ Expiration date _____

*Pass-thru entities should call the Scholarship Granting Organization for the Catholic Diocese of Salina team at 785-827-4746 to complete additional paperwork required for the tax credit.

**Donors wishing to make gifts of stock should contact the Scholarship Granting Organization for the Catholic Diocese of Salina team for instructions on how to make a stock gift.

For office use only

Amount received _____ Date _____

Staff name (printed) _____ Staff signature _____

__ Check/ _____ check memo __ Credit card / _____ signed receipt __ Cash/ _____ signed receipt