

## **Contributor Information**

<u>Instructions:</u> 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 Privilege taxpayer Taxpayer/Company name	Premium taxpayer Individual	Pass-thru entity*	
Company contact name			
Taxpayer SSN/Company EIN	(include spouse SSN, if liste	d 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 Ca	sh Credit card Stock**	
Signature		Date	
Credit card type Credit card number			
Name on card	Expiratio	n date	
*Pass-thru entities should call the Scholarship Granting Organization for the Catholic Diocese of Salina team at 785-827-8746 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)	aff name (printed)Staff signature		
Check/check memo Cred	lit card / signed receipt _	_ Cash/signed receipt	

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