



DONATION CARD

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Email: _____

Please recommend my gift for scholarship assistance to:

Specific Student _____ Undesignated

Amount of donation: _____

PAYMENT OPTIONS AVAILABLE

1. **Check #** _____

Please make checks payable to: CSNAZ

2. **Visa, MasterCard, Discover and American Express**

Credit Card # _____ Exp: ____/____

Donor Signature: _____ Date: ____/____/____

3. **Donate with a credit card by phone.**

Call Children's Scholarship Network of Arizona, Inc. at (520) 648-0601

4. **Deduct from my checking, savings or credit account monthly.**

Please contact CSNAZ for a Monthly Authorization Agreement Application.

*Our physical address is
2285 E. Sahuarita Rd., Sahuarita, AZ 85629*

or

*You can mail your application to
Children's Scholarship Network of Arizona, Inc.*

*P.O. Box 1704
Sahuarita, AZ 85629
Phone # (520) 648-0601*

Please visit our website at www.csnaz.org

Children's Scholarship Network of Arizona, Inc. is a "School Tuition Organization" as defined in A.R.S. 43-1089, and as such, allocates no less than ninety percent of its annual revenue for K-12 educational scholarships to children who qualify under the Arizona program guidelines as and that they attend a qualified non-discriminatory private K-12 urban Christian school, which currently includes the schools of Sahuarita Christian Academy, Inc, Arizona Online Christian Academy, Inc., and Nogales Christian Academy, Inc.