

# Southern Arizona Foundation for Education – Arizona State Withholding Reduction Donations Application Form

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## Submit with SAFE Donation Form

Your last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### State Tax Donation Information:

Tax year of Withholding Donations: \_\_\_\_\_ Intended Total Donation: \_\_\_\_\_

Recommended Student Name(s) (Optional): \_\_\_\_\_

School Name (Optional): \_\_\_\_\_

### Employer Information:

Employing Company Name: \_\_\_\_\_

Primary contact name/title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Thank you for your support of SAFE and the Arizona State Private School Tax Credit Program**