

MAKE YOUR *donation* TODAY

DONOR COMMITMENT

_____ **One Year Commitment (50% tax credit)**

_____ **Two Year Commitment (75% tax credit each year)**

If I agree to make a two-year commitment, I agree to contribute the same amount for two consecutive years (**2023** and **2024**). In return, I will receive Oklahoma tax credits equal to 75% of my donation within annual limitations.

Complete this form and make the initial donation check payable to the *Opportunity Scholarship Fund*. Mail to *The Academy Opportunity Scholarship Fund*, Attn: C/O UTEC Corporation LLC, 222 Eufaula Street, Suite 120, Norman, OK 73069. (form updated 11/1/22)

DONOR SECTION

Name: _____

Address: _____

City/State/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 AOSF.

Donor Signature: _____

FOR AOSF OFFICE

Date Donation Received: _____

By: _____

Date Receipt Letter Mailed: _____

By: _____



The ACADEMY
OPPORTUNITY SCHOLARSHIP FUND