



ALTAR VALLEY SCHOOL DISTRICT  
TAX CREDIT FORM

TAX YEAR \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

AMOUNT OF DONATION: \$ \_\_\_\_\_  
(Up to \$400.00 joint return OR up to \$200.00 single return)

CHECK # \_\_\_\_\_ MONEY ORDER # \_\_\_\_\_ CASH \_\_\_\_ (check for yes)

PLEASE APPLY MY CONTRIBUTION TO THE FOLLOWING:

ROBLES ELEMENTARY SCHOOL

IF THIS IS FOR A  
SPECIFIC STUDENT, LIST NAME

WHERE THE NEED IS GREATEST \$ \_\_\_\_\_  
FIELD TRIPS \$ \_\_\_\_\_

ALTAR VALLEY MIDDLE SCHOOL

WHERE THE NEED IS GREATEST \$ \_\_\_\_\_  
ATHLETICS \$ \_\_\_\_\_  
FIELD TRIPS \$ \_\_\_\_\_

RETURN THIS FORM TO:

ALTAR VALLEY SCHOOL DISTRICT  
10105 SOUTH SASABE HWY  
TUCSON, AZ 85736

THANK YOU FOR MAKING ALTAR VALLEY SCHOOL DISTRICT YOUR DONATION CHOICE