MONTESSORI
SCHOLARSHIP
ORGANIZATION
Email: mso@q.com
13111 N. 94th Drive. Peoria. Arizona 85381 (623) 583-0571

2010 TAX CREDIT FORM

CONTRIBUTORS INFORMATION

NAME: _____
First Name Last Name

ADDRESS:_____
Street City State Zip

PHONE: _____EMAIL_____

SPONSORED SCHOOL INFORMATION

SCHOOL NAME:__Aldea Montessori_____

NAME OF REFERRING FAMILY:_____

PAYMENT OPTIONS:

CHECK: Make checks payable to "Montessori Scholarship Organization" or "MSO"

MASTER CARD OR VISA:
Cardholder Name:_____
Card Number:_____Security Code:_____
Expiration date:_____Amount $_____

($1,000.00 MAXIMUM FOR MARRIED, FILING JOINT; $500.00 FOR SINGLE, OR MARRIED, FILING SEPARATE)

BILLING OPTIONS FOR 2010 TAX CREDIT

____ Bill me monthly with an email invoice beginning 1/1/10. $83.33 $41.66 $_____
____ Bill me quarterly with an email invoice beginning 3/31/10. $250.00 $125.00 $_____
____ Email me a reminder November 1, 2010.
____ Charge my account Monthly/Quarterly in the amount of $_____. MC / VISA
Cardholder Name:_____
Card Number:_____Security Code:_____
Expiration date:_____Amount $_____