

Request to participate in the Educational Improvement Tax Credit Program

First Name	Last Name			_	
Joint First Name (if applicable)	Joint Last Nar	ne			
SSN	Joint SSN (if applicable) _				
Phone Number	Email				
Joint Phone (if applicable)	Joint Email (if applica	ıble)			
Street Address	City		_State	_ Zip	
Date					
School Name		Amount			
School Name		Amount			
School Name		Amount			

You will receive an approval, beginning August 1st. After the final form is signed, you will receive the information on how to make your contribution via email. This is a 2-year commitment with the listed pledged contribution amount being due upon approval notification and next yearupon second year approval.

For questions, contact: RedefinED; info@redefiningeducation.org or 814.419.5505