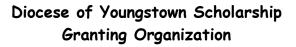
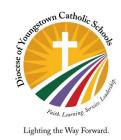


Good Samaritan Scholarship Fund





2023 Contribution Form

<u>Please Note:</u> Donations must be made by April 15th 202 4 to be eligible for a 2023 state tax credit.

Donor Information		
First Name:	MI: Last Name:	
Address:		
City:		State: Zip Code:
Phone:	Email:	
Parish (optional):		
Spouse Information (if married filin	ng jointly)	
First Name:	MI: Last Name:	
Phone:	Email:	
Contribution Up to \$750 Oh	io Tax Credit for Single filer; up to \$1,500 (Ohio Tax Credit for married filing jointly)
•		
General Scholarship Fund to be G OR	iven to Schools Most in Need:	\$
Designated School:		<u> </u>
Total:		\$
Thank You! Please share my information I wish to remain anonymous	n with the designated school so they can thes.	hank you for your support.
Payment Information		
I am paying by:		
Check (Made Payable to Goo	od Samaritan Scholarship Fund)	
	Mastercard Discover	
Card Number:	Exp. Date:	CVC Code:
Signature:		