



CONTRIBUTION FORM

PLEASE NOTE: Donations must be made by **April 15, 2025** to be eligible for a 2024 state tax credit.

Donor Information

First Name: _____ MI: _____
Last Name: _____
Spouse Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Parish: _____

Designation

Support Area of Greatest Need: \$ _____
School Designation: \$ _____
Total: \$ _____

For a State Tax Credit In

- 2024 Tax Year**
Eligibility: Donation made between 1/1/2024 - 4/15/25
- 2025 Tax Year**
Eligibility: Donation made between 1/1/2025 - 4/15/26

Payment Information

I am paying by:
 Check (made payable to Good Samaritan Scholarship Fund)
 Credit Card:
 Visa Mastercard Discover AMEX Card
Number: _____
Expires: _____ CVV Code: _____
Signature: _____

Spouse Information (if additional donation)

First Name: _____ MI: _____
Last Name: _____
 Check if address is the same
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Parish: _____

Spouse Designation

Support Area of Greatest Need: \$ _____
School Designation: \$ _____
Total: \$ _____

For a State Tax Credit In

- 2024 Tax Year**
Eligibility: Donation made between 1/1/2024 - 4/15/25
- 2025 Tax Year**
Eligibility: Donation made between 1/1/2025 - 4/15/26

Spouse Payment Information

Check if payment info is the same, one check can be submitted

I am paying by:
 Check (made payable to Good Samaritan Scholarship Fund)
 Credit Card:
 Visa Mastercard Discover AMEX Card
Number: _____
Expires: _____ CVV Code: _____
Signature: _____

Questions?

Learn more about Catholic Schools in the Diocese of Youngstown at doy.org/schools
or contact our office at ocs_secretary@youngstowndioocese.org or 330-744-8451.

COMPLETE AND MAIL CONTRIBUTION FORM TO:

Good Samaritan Scholarship Fund, Office of Catholic Schools • Diocese of Youngstown
• 144 West Wood Street • Youngstown, OH 44503

THANK YOU! Your support directly impacts a family's ability to afford a Catholic education.