

SUPPORT YOUR SCHOOL WITH MONTHLY GIFTS. DONATE TODAY!

Donor information		
Business Name:		
Name:	Spouse Name:	
Phone:	Spouse Phone:	
Email*:	Spouse Email:	
Address:		
City:	State:	Zip Code:
Primary Donor SSN/EIN*:*The Oklahoma Tax Commission requires us to provide y your tax credits for donating to OSF. OSF also requires d		r/Employer Identification Number for you to claim
Donor Filing Status		
Single/Married filing separately	Married filing jo	ointlyQualified business entity
Donor Commitment		
One Year (up to a 50% tax credit)I	I/We are fulfilling the	second year of our two-year commitment
Two Year (up to a 75% tax credit)I	I/We are starting a ne	w two-year commitment in 2022
If I agree to make a two-year commitment, I agree to (i.e., 2022 and 2023). In return, I will receive an Oklo		
Donor Designation		
Monthly Donation Amount: \$	Total at Er	nd of the Year: \$
Undesignated: Please apply my generou	us gift to a school whe	ere it is needed.
Designate the school(s) to benefit from	your gift. See osfkids.	org for a list of participating schools.
Donor Signature:		

 $Complete \ this \ form \ and \ make \ the \ initial \ donation \ \underline{check \ payable \ to \ the \ Opportunity \ Scholarship \ Fund}.$

Mail to OSF Attn: Gift Processing, 1831 East 71st Street, Tulsa, OK 74136

All donations must be **POSTMARKED** on or before **December 31**. Gifts must be **reported to the OTC on January 10**, of the following year, to be credited in the year donated.