



CORPORATE DONATION PLEDGE FORM

Please return the completed pledge form to ali@apesf.org. APESF will submit your application for approval to the Arizona Department of Revenue (ADOR) and will contact you once ADOR approval is received. Your company then has 20 calendar days from the date of approval to remit payment to APESF.

CORPORATION INFORMATION

Corporation Name: _____

Corporation Address: _____

Primary Contact Name: _____

Primary Contact Phone Number: _____

Primary Contact Email: _____

School Recommendation (if any): _____

Can we share your company name and logo?

- Yes, you can share with everyone.
- Yes, but only share with the specific school I recommend.
- No, please do not share this information.

DONATION DETAILS

Donation Amount Requested: \$ _____

Corporate Tax Credit Program: Low-Income Disabled/Displaced APESF's Choice

Corporate EIN: _____

C-Corp S-Corp **OR** Insurance Company - NAIC # _____

If contributing company is a qualified subchapter S subsidiary, name and EIN of parent S-Corp:

Have any questions? Contact Ali Dillard at 480-264-3290 or at ali@apesf.org.

15900 N 78th Street, Suite 210 | Scottsdale, AZ 85260
p. 480-699-8911 | f. 480-646-3196 | helpdesk@apesf.org | www.apesf.org