

Authorization Agreement for Monthly Donations

Title: ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Mr. & Mrs. ☐ Dr. & Mrs. ☐ Dr. & Mr. ☐ Dr. &	
Address:City:	
Phone Number:	Email:
For school recommendations only: we will share your contact information. □ No thank you	
2024 Tax Year Original Individual	2024 Tax Year PLUS/Switcher
Single filers maximum donation: \$731	Single filers maximum donation: \$728
Married filing jointly maximum donation \$1,459	Married filing jointly maximum donation \$1,451
Recommend:	Recommend:
☐ IBE's most needed fund	☐ IBE's most needed fund
□ School:	☐ School:
☐ Student(s):	☐ Student(s):
Amount of my monthly donation to be applied first to my Original Individual donation and then my PLUS donation: \$ per month. Original Individual yearly total: \$ PLUS/Switcher yearly total: \$ Combined yearly total: \$ I would like my donations to start: 22nd and end 22nd MONTH YEAR Payment: Type of Credit Card: □ Visa □ MasterCard □ Discover □ American Express Credit Card Number: Expires:	
Electronic Transfer If choosing Electronic Transfer, a voided check must be attached to this form	
Account #:	Routing #:
I hereby authorize Institute for Better Education (IBE) to automatically charge the account indicated above for the amount of the donation listed above on the 22 nd of each month. If the 22 nd falls on a weekend or holiday, I understand my card will be charged the following business day.	
Please complete and return form to Jodi Schulz at jschulz@ibescholarships.org.	
Donor Signature:	Date:

Notice (A.R.S. 43-1603): A School Tuition Organization cannot award, restrict or reserve scholarships solely on the basis of a donor recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent.

T: 520.512.5438

F: 520.203.0184

