

	City :		State:	Zij	o:
Phone Number:					
For school recommendations only: we will shar					
2025 Tax Year Original Individual 2025 Tax Year PLUS/Switcher					
Single filers maximum donation: \$769 Married filing jointly maximum donation \$1,53 Recommend: □ IBE's most needed fund	35 Ma Re				
□ School:	D S				
□ Student(s):					
PLUS/Switcher yearly total: \$ Combined yearly total: \$ I would like my donations to start:22 MONTH Payment: Type of Credit Card: □ Visa □ MasterCar	YEAR		MONTH		R
Credit Card Number:				•	
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Account #: I hereby authorize Institute for Better Education for the amount of the donation listed above on	n (IBE) to aut the 22 nd of e	uting #: omatically ach month	charge the ac If the 22 nd fa	count ind	dicated above
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Electronic Transfer If choosing Electronic Tran Account #: I hereby authorize Institute for Better Education for the amount of the donation listed above on holiday, I understand my card will be charged t Please complete and return form to Jodi Schul Donor Signature:	n (IBE) to aut the 22 nd of e the following Iz at jschulz@	uting #: omatically ach month business d)ibescholar	charge the ac If the 22 nd fa ay. ships.org.	count ind	dicated above weekend or



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