



# 2023 Contribution Form

## Contributor

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to remain anonymous

## CONTRIBUTION

General Scholarship Fund for

\_\_\_\_\_ Amount \$ \_\_\_\_\_

## PAYMENT INFORMATION

I am paying by:

Check (made payable to Ohio Scholarship Fund DBA Every Child Every Family)

Credit Card:  Visa  Mastercard  Discover  AMEX

Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_



Complete and mail contribution form to:  
**Every Child Every Family**  
School Choice Ohio  
1335 Dublin Road, Suite 50-A  
Columbus, Ohio 43215

Be sure to consult your tax professional with questions and when claiming your tax credit in Ohio.