



Request to participate in the Educational Improvement Tax Credit Program

First Name _____ Last Name _____

Joint First Name (if applicable) _____ Joint Last Name _____

SSN _____ Joint SSN (if applicable) _____

Phone Number _____ Email _____

Joint Phone (if applicable) _____ Joint Email (if applicable) _____

Street Address _____ City _____ State _____ Zip _____

Date _____

School Name _____ Amount _____

School Name _____ Amount _____

School Name _____ Amount _____

You will receive an approval, beginning August 1st. After the final form is signed, you will receive the information on how to make your contribution via email. This is a 2-year commitment with the listed pledged contribution amount being due upon approval notification and next year upon second year approval.

For questions, contact: RedefinED; info@redefiningeducation.org or 814.419.5505