



Arizona Christian School Tuition Organization

2025 TAX CREDIT MAXIMUMS

Single Taxpayers

Married Filing Jointly

ORIGINAL
TAX CREDIT

\$769

ORIGINAL
TAX CREDIT

\$1535

OVERFLOW
TAX CREDIT

\$766

OVERFLOW
TAX CREDIT

\$1527

COMBINED TOTAL

\$1535

COMBINED TOTAL

\$3062

**YOU MAY DONATE UP TO THESE AMOUNTS OR YOUR
ACTUAL STATE TAX LIABILITY, WHICHEVER IS LESS**

*You must donate the maximum amount for the Original Tax Credit
before any additional amount is applied to the Overflow Tax Credit.*

HOW TO DONATE



ONLINE

Give through our
secure Donor Portal
at ACSTO.org



PHONE

Call us to donate by
credit/debit card at
480.820.0403



MAIL

Complete the
donation card
and mail to the
address below

Want to set up monthly donations? Create a schedule through
your Donor Portal account!

A person may donate prior to filing taxes, but no later than Tax Day
(whichever comes first), and claim the credit for the previous year's
taxes. There are no extensions, so donations must be postmarked
or entered online prior to midnight on Tax Day.

Mailing Address:

PO Box 6580
Chandler, AZ 85246

480.820.0403

social@acsto.org

ACSTO.org

What's a Tax Credit?

Scan this with your cell phone camera
and watch a short video to find out!



ACSTO DONATION CARD

DONOR INFORMATION

Donor
Name: _____
Last First (M.I.)

Last Four of SSN: _____

Address: _____

City State ZIP

Phone: _____

Donor Email: _____

I am claiming this tax credit donation on my 20____ state taxes.

You anticipate
filing your taxes as: ☐ Single Taxpayer or
Filing Separately ☐ Married Persons
Filing Jointly

**Have you already donated to a School Tuition Organization for the claim
year above?**

☐ Yes, it was to _____
(School Tuition Organization)
for \$_____.

☐ No, this is my first time donating to an STO for the claim year
above.

DONATION INFORMATION

☐ **I confirm that any students recommended below are NOT my own
dependents.**

A. Original Tax Credit

Donation Amount: \$_____

Student Recommendation: _____
(optional)

School: _____
(optional)

**You may only donate toward "B" if you donated
the maximum for "A" for the same claim year**

B. Overflow Tax Credit

Donation Amount: \$_____

Student Recommendation: _____
(optional)

School: _____
(optional)

PAYMENT INFORMATION

Total Donation (A+B): \$_____

I'm paying by: ☐ Check #_____ (make payable and
send to **ACSTO**)

☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX

Card Number Expires

Billing Address (if different): _____

Signature: _____

*THIS COLUMN
INTENTIONALLY LEFT
BLANK*