



Arizona Christian School Tuition Organization

2026 TAX CREDIT MAXIMUMS

Single Taxpayers

Married Filing Jointly

ORIGINAL
TAX CREDIT **\$787**

OVERFLOW
TAX CREDIT **\$784**

COMBINED TOTAL **\$1571**

ORIGINAL
TAX CREDIT **\$1570**

OVERFLOW
TAX CREDIT **\$1561**

COMBINED TOTAL **\$3131**

**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.)

Address: _____

City State ZIP

Phone: _____

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: _____

Card Expiration: _____ / _____

Billing Address (if different): _____

Signature: _____

THIS COLUMN
INTENTIONALLY LEFT
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