



Request to participate in the Educational Improvement Tax Credit Program

FOR PURPOSES OF THE PARISH ASSESSMENT REDUCTION INCENTIVE PROGRAM,
PLEASE CREDIT SS. CYRIL & METHODIUS PARISH, HAZLETON, WITH MY PLEDGE.

First Name _____ Last Name _____

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

SSN _____ Joint SSN (if applicable) _____

Note: SSN also can be provided via secure electronic portal once commitment is finalized. Leave blank if choosing this option.

Phone Number _____ Email _____

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

Street Address _____ City _____ State _____ Zip _____

FULL AMOUNT OF MY PLEDGE: _____

* Minimum is \$1,000 (for a tax credit of \$900). Maximum is your Pennsylvania state tax liability.

Date _____

PLEASE DIRECT MY DONATION AS FOLLOWS (INDICATE A DOLLAR AMOUNT TO ONE ENTITY OR A DOLLAR AMOUNT TO SPLIT AMONG ENTITIES. (SPLIT PLEDGE AMOUNTS SHOULD TOTAL FULL AMOUNT OF PLEDGE.)

Diocese of Scranton Catholic School System-Greatest Need Amount: \$ _____

School Name _____ Amount: \$ _____

School Name _____ Amount: \$ _____

You will receive an approval for participation. After the final form is signed, you will receive the information on how to make your contribution via email. This is a two-year commitment with the listed pledged contribution amount due upon approval notification and next year upon second-year approval. You will receive a 90 percent refund after you file your taxes.

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