



Request to participate in the Educational Improvement Tax Credit Program

First Name  
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Last Name  
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Joint First Name (if applicable)  
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Joint Last Name  
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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](mailto:info@redefiningeducation.org) or 814.419.5505