



## Donation Form

Please Print Clearly.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(For Tax Records Only)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AZ Zip Code: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_

Student Name (optional): \_\_\_\_\_

Recommended School: Joy Christian School

Donation Amount: \_\_\_\_\_

\_\_\_ Check (payable to ACSTO)

\_\_\_ Visa    \_\_\_ Master Card    \_\_\_ Discover    \_\_\_ American Express

Card # \_\_\_\_\_

Expires \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

**MAIL TO: ACSTO, P.O. BOX 6580, CHANDLER, AZ 85246**