



# Tax Credit Request Form 2017

**Please print all information**

Date Submitted: \_\_\_\_\_

Taxpayer's Name: \_\_\_\_\_

Taxpayer's Mailing Address (MUST be an ARIZONA resident):

\_\_\_\_\_  
\_\_\_\_\_

Taxpayer's Phone Number: \_\_\_\_\_

Taxpayer's Email Address (optional): \_\_\_\_\_

Benefitting Student's Name (first/last): \_\_\_\_\_

Extra Curricular Activity	Date Paid	Amount Paid	Check Number
Band/Guard Camp (\$200)			
Fair Share (\$400)			
Winter Guard			
Miscellaneous Donation			

**Please return this form to:**  
**MRHS - Attn: Mr. Vogel/Tax Credit**  
**22800 N. 67th Av., Glendale, AZ 85310**