



ARIZONA CHARITABLE ORGANIZATION TAX CREDIT DONATION FORM

Organization: **Adult Loss of Hearing Association** **QCO# 21054**

Donor Name(s) _____

Address: _____

City, State, Zip _____

Donation Amount: \$ _____

The maximum credit allowed is \$400 for an individual or \$800 for married filing jointly.

Cash **Check** **Credit Card** **(circle one)**

Credit Card # _____

Exp: ___/___ **CVV #** _____

Name on Card: _____

Signature: _____

Credit card payments can also be made in person at the ALOHA center and on our website using PayPal at <https://alohaaz.org/donations>.

Please Mail Checks to:

Adult Loss of Hearing Association (ALOHA)

4001 E. Ft. Lowell Rd

Tucson, AZ 85712

If you have any questions, please give call at (520) 795-9887.

PLEASE NOTE: The QCO number must be referenced on your Arizona State Tax return in order to receive tax credit. For more information on this charitable donation or any other tax deductible donations, please consult your tax professional. For more information please visit the Arizona Department of Revenue's website at <https://azdor.gov/tax-credits/contributions-qcos-and-qfcs>.

Thank you for your contribution and support to the Adult Loss of Hearing Association.

Please visit our website at www.alohaaz.org