



Edmond Public Schools Foundation  
P.O. Box 30837  
Edmond, OK 73003  
(405) 340-2819  
deanna@edmondpsf.org  
www.edmondpsf.org

## Support our public schools. Donate today!

### Business Information

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

EIN/Tax ID #: \_\_\_\_\_

### Business Donation

- ☐ My business will be making a **TWO-YEAR pledge**: (75% Tax Credit)
- ☐ **Two-Year Pledge:**  
Pledge \$266,000 | Annual Gift \$133,000 | Annual Tax Credit \$100,000 (maximum credit)
- ☐ **Other Amount:** \$ \_\_\_\_\_

- ☐ My business will be making a **ONE-YEAR gift**: (50% Tax Credit)
- ☐ **One-Year Gift:**  
Gift \$200,000 | Tax Credit \$100,000 (maximum credit)
- ☐ **Other Amount:** \$ \_\_\_\_\_

Secure upload this document at <https://www.edmondpsf.org/ok-tax-credits>.

Social Security Number(s) will be required on the *Agreement*, which can be found at this same link.

### Payment Options

- ☐ Online Giving  
<https://bit.ly/3Aj2bah>

- ☐ Check  
Make payable to:  
Edmond Public  
Schools  
**Foundation**

- ☐ Credit Card    Mastercard    |    Visa    |    American Express    |    Discover

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

Exp. Date: \_\_\_\_\_ CSV: \_\_\_\_\_

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

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