

SGONEI

SCHOLARSHIP GRANTING ORGANIZATION of NORTHEAST INDIANA, INC.

Scholarship Donation Acknowledgment

All donors submitting payment to the Scholarship Granting Organization of Northeast Indiana, Inc. will receive their tax credit contingent on the approval of the Department of Revenue. Donors will be notified of a certification number that will need to be used when filing tax forms.

Donor Information

Please type or print in ink.

1. Taxpayer Name: _____

*Last**First**Middle Initial*
2. Permanent Address: _____

*Street**City**State**Zip Code*
3. Social Security Number (individual donation): _____ - _____ - _____
4. Federal ID (business donation): _____
5. Contribution Amount: \$ _____
6. Date of the Contribution: _____
7. Certification Number: _____
8. Designated School or School's Designee _____
9. Non-Designated School ☐ Check here.

Signature

I acknowledge that the information provided is true and accurate to the best of my knowledge. I authorize the disclosure of this information. I also affirm that I am not the parent / guardian of an SGO award recipient.

Signature of Individual Referenced in Donor Information

_____/_____/_____
Date

AUTHORIZATION OF DONATION

This donation is in full compliance with the Scholarship Granting Organization of Northeast Indiana, Inc. guidelines and policies.

Mark D Myers, President, Scholarship Granting Organization of NE Indiana

_____/_____/_____
Date

Fund 574

Account 300310 – Donations

Amount: _____ Date: _____