

CHATHAM STUDENT SCHOLARSHIP ORGANIZATION

Donor Designation Form

Taxpayer=s Name: _____ SSN: _____

Spouse=s Name: _____ SSN: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Contribution Amount: _____

Designated School: _____

Taxpayer=s Signature _____ Date: _____

| Indicate Tax Filing Status | Tax Credit Limit |
|-----------------------------|-------------------------|
| G Individual Filer | \$1,000 |
| G Married Filing Separately | \$1,250 |
| G Married Filing Jointly | \$2,500 |
| G C Corporation | 75% of GA Tax Liability |

Please return (1) this completed Donor Designation Form with (2) a donation check made payable to AChatham SSO@ with your school choice in the memo field, and (3) a copy of your approved Form IT-QEE-TP1 within 30 days of approval by the Georgia Department of Revenue (or by year end, if less than 30 days) to:

Chatham SSO
P.O. Box 16027
Savannah, Georgia 31416

Information submitted on this form will be shared only with the designated school and will otherwise be kept confidential.

Questions? Please visit us at www.chathamssso.org or contact Connie Darbyshire, Director, at

(t) 912-713-5450, (f) 912-238-0286, or ckdarbyshire@chathamssso.org