



2009 Scheduled Payment Plan Form

www.catholictuition.org
602-218-6542

Print and complete this form and mail to: CTODP
2025 North Third, #165
Phoenix AZ 85004-1425

CONTRIBUTOR INFORMATION

Primary Taxpayer Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Email _____

Parish _____

Spouse Name _____

Where did you learn about us? _____

Please apply my payment to: The General Scholarship Fund (where needed most)
 School name _____

**Tax Credit
Amounts:**
Single: \$500
Married:
\$1000

Please notify the school(s) of my contribution (for school CTODP purposes only)

PAYMENT PLAN OPTIONS

Helpful Hint! To set up a payment schedule with whole dollar increments, use both the one-time payment and monthly payment options combined. Example: One time payment of \$87, then 11 monthly payments of \$83 for a total contribution of \$1000.

I authorize CTODP to charge my credit/debit card as follows:

- One time charge of \$ _____ made during the month of _____
- Monthly charge of \$ _____ made from _____ to _____ (ex: \$100 from Mar to Jul)
- Weekly charge of \$ _____ made from _____ to _____ (ex: \$25 from 2/1 to 7/19)
- Other schedule: _____

My Total Contribution Will Be: \$1000 (married) \$500 (single) Other \$ _____

PAYMENT INFORMATION

Credit/Debit Card Type: Visa MasterCard Amex Discover

Credit/Debit Card Number: _____ Exp: ____/____/____

Cardholder Signature: _____ Date: ____/____/____

Please send me _____ CTODP brochures to share with other Arizona taxpayers.