

Date:  Type:  C Corp  S Corp

Corporation Name:

Corporation EIN:

Corporation Address:

City/State/Zip:

Phone:  Fax:

Contact Name/Title:

Contact Email:

Does the Corporation pay Insurance Premium Tax?  Yes  No

If yes, NAIC Number:

Is the company a subchapter S subsidiary?  Yes  No

If yes, Name & EIN of Parent S Corp:

Donation Amount:

School Recommendation (optional):

Please make sure to return this form to our office by June 24th, 2022. Thank you!

**STAY will file an application with ADOR for your donation. ADOR approves applications on a first come, first served basis until the annual cap has been reached. Once STAY receives a notification that your donation has been approved, you will have twenty days to fund the**

## Use of Donor's Name and Logo on Promotional materials

Corporation Name:

Would you like to schedule a promotional photo?  Yes  No

May we share your name and/or logo in the following ways? *(Check all that Apply)*

- On Our Website/Social Media
- With Recommended School
- With Scholarship Recipient

*\*We do not share donation amounts unless featured in promotional photo\**

Occasionally we have the opportunity to recognize our donors in additional ways (radio spots, billboard ads, etc.). May we use your name and/or logo?

- Yes
- Yes, with additional instructions: \_\_\_\_\_
- No
- Request permission each time

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Signature, title

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Date