



Office Use Only. Date submitted to OTC: _____ Date gift received: _____ Date commitment completed: _____

**Donor Agreement
for Qualifying Oklahoma Equal Opportunity Education Scholarship Contributions**

Support public education in Bartlesville while saving on your taxes. Donate to the BPS Foundation today!

Donor Information:

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Primary Donor's EIN / SSN*: _____

*Oklahoma Tax Commission requires us to provide your social security number / EIN for you to claim the tax credits for your donation.

Purpose: Donor's non-refundable contribution will be used to support educational services for Bartlesville Public School students.

Donation Amount: \$ _____ (min contribution of \$1,000 to be eligible for tax credit)

Commitment:

- One Year Gift (up to 50%) tax credit
- Two Year Pledge (up to 75%) tax credit
 - The enclosed check is starting a new two-year commitment. The second payment will be made by _____ (no later than December 31 of the following year)
 - The enclosed check is fulfilling a second year of our two-year commitment.

Complete this form and make the donation check payable to the "BPS Foundation."

Mail form and check to BPS Foundation, 1100 SW Jennings, Bartlesville OK 74003

All donations must be postmarked on or before December 31 and received by January 10 of the new year to be credited in the year donated.

Important tax credit information: Tax credit has a statewide cap of \$25 million for public schools, BPS district cap of \$200,000. If total credits claimed exceed either cap, the credit to taxpayer will be a proportionate share of the cap for the taxable year after allocation of any amounts not claimed by other eligible organizations and taxpayers under the Act. Credits earned but not allowed due to the application of the statewide cap will be considered suspended and authorized to be used in the next immediate tax year and applied to the next year's statewide cap. Any credits authorized by the Act allowed but not used in any tax year may be carried over, in order, to each of the three years following the year of qualification.

Donor Signature: _____ **Date:** _____

BPSF Representative Signature: _____ **Date:** _____

**Questions? Contact the BPS Foundation Office; 918-366-8600 ext 3523;
bpsfoundation@bps-ok.org; www.bpsfoundation.org**