



# ANGEL SCHOLARSHIP FUND

Turning taxes into tuition with the Catholic Community Foundation

**GIVE ONLINE:**  
 CatholicCommunity.org/angel-contribution  
 OR donate by scanning this QR code



# CONTRIBUTION FORM

**PLEASE NOTE:** Donations must be made by **April 15, 2027** to be eligible for a 2026 state tax credit.

State of Ohio Tax Payers can claim a tax credit of up to \$750 as an individual or \$1,500 if married filing jointly.

## Donor Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Parish: \_\_\_\_\_

## Designation

Support Area of Greatest Need: \$ \_\_\_\_\_  
 School Designation: \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

## For a State of Ohio Tax Credit Only

- 2026 Tax Year**  
 Eligibility: Donations made between 1/1/26-4/15/27
- 2027 Tax Year**  
 Eligibility: Donations made between 1/1/27-4/15/28

## Payment Information

I am paying by:

Check (made payable to Angel Scholarship Fund)

IRA

Credit Card:  Visa  Mastercard  Discover  AMEX

Card Number: \_\_\_\_\_  
 Expires: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

## Spouse Information (if additional donation)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Check if address is the same  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Parish: \_\_\_\_\_

## Spouse Designation

Support Area of Greatest Need: \$ \_\_\_\_\_  
 School Designation: \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

## For a State of Ohio Tax Credit Only

- 2026 Tax Year**  
 Eligibility: Donations made between 1/1/26-4/15/27
- 2027 Tax Year**  
 Eligibility: Donations made between 1/1/27-4/15/28

## Spouse Payment Information

Check if payment info is the same, one check can be submitted

I am paying by:

Check (made payable to Angel Scholarship Fund)

IRA

Credit Card:  Visa  Mastercard  Discover  AMEX

Card Number: \_\_\_\_\_  
 Expires: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

## or Monthly Contribution

Would you like to STRETCH your contribution into smaller monthly payments?  
 Register for monthly contributions at [www.CatholicCommunity.org/angel](http://www.CatholicCommunity.org/angel), email [asfinfo@dioceseofcleveland.org](mailto:asfinfo@dioceseofcleveland.org)  
 or call our office for assistance at 216-696-6525 x 3670



## COMPLETE AND MAIL CONTRIBUTION FORM TO:

Angel Scholarship Fund, Catholic Community Foundation • 1404 East Ninth Street • Cleveland, OH 44114

**THANK YOU!** Your support directly impacts a family's ability to afford a Catholic education.