

STO OF SOUTHEAST IOWA
DONOR CONTRIBUTION FORM
& Income Tax Acknowledgement

Donor Information			
Name _____			Tax ID No. _____
Street _____			Phone No. _____
City _____	State _____	Zip Code _____	Email _____

Contribution Details			
<input type="checkbox"/> Check	▶ Make check payable to STO of Southeast Iowa.	Check No. _____	\$ _____
<input type="checkbox"/> EFT	▶ Complete and submit the Direct Debit Authorization form available at stoseiowa.org .		\$ _____
<input type="checkbox"/> Credit Card	▶ Acct. No. _____ Exp. Date _____	Sec. Code _____	\$ _____
<input type="checkbox"/> Securities	▶ Company _____	Shares _____	\$ _____
Advise your broker to contact Edward Jones at (563)243-2776 to arrange for a securities transfer.			

School Designation	
Holy Trinity	_____
Notre Dame	_____
Prince of Peace	_____
Regina	_____
Saint James	_____
Saint Joseph	_____
Saint Vincent	_____
Saints Mary & Mathias	_____
Seton	_____
Undesignated	_____

Excess Contributions	
Please tell us what to do with your contribution if your designated school has exhausted its primary allocation of STO credits by the time we receive your contribution:	
<input type="checkbox"/>	Allocate my excess contribution to a different school that still has STO credits available.
<input type="checkbox"/>	Hold my excess contribution until November 30. If additional credits are made available at that time, allocate my contribution to my designated school. If no additional credits are available, return my excess contribution.
<input type="checkbox"/>	Return my excess contribution to me. Do not allocate my contribution to another school or hold it until November 30.

Undesignated Contributions	
Contributions received for which no school is designated, and excess contributions for which none of the above options are selected, will be allocated to the school(s) most in need of additional contributions.	

Contribution Acknowledgement	
A signed copy of this form is provided pursuant to Section 170(f)(8) of the Internal Revenue Code. The STO of Southeast Iowa did not provide any goods or services in full or partial consideration for the contribution described above. You should retain this acknowledgement, your cancelled check, and any other relevant documents to meet the substantiation requirements of the Internal Revenue Code.	
Signature of STO Representative _____	Date _____