



Montana Tax Credit Donation Form for 2025 Contributions to VCS-Missoula Student Scholarship Organization

Valley Christian School SSO
2526 Sunset Lane
Missoula, MT 59804

Disclaimer:

Valley Christian School SSO is an approved Student Scholarship Organization (SSO) participating in the Tax Credits for Qualified Education Contributions Program. The program provides a 100% tax credit to taxpayers or corporations filing Montana income tax returns (e.g., individuals, estates or trusts, partnerships, LLCs, and corporations) that donate to certified SSOs. Eligible taxpayers can qualify for a tax credit up to \$200,000 (\$400,000 for married filing joint) in the same calendar year their donation is made. Unused tax credits can be carried forward for three years. Valley Christian School SSO is not responsible for verifying donor eligibility.

Donor Information (all fields are required):

Name of Individual(s) or Other Tax Entity _____

The donor is a(n) (please "X" one): Individual Corporation Partnership LLC Estate or Trust

SSN (or Federal Employer ID #) _____ **Spouse SSN (if filing jointly)** _____

Physical Address _____

Mailing Address _____

Phone _____ **Email** _____

Donation Amount: \$ _____

Please complete the next page with your method of payment.

Special Instructions:

Signature

Date

Spouse Signature (if applicable)

Date

For more information please contact (via unsecured email):
Benjamin Brandon, Head of School: headofschool@valleychristian.org, or Lynnette Sims, CFO: bookkeeper@valleychristian.org



Valley Christian School – SSO Donation Options

Please select your donation payment method below and return this form via postal mail, fax, or in person to:

Valley Christian School SSO
2526 Sunset Lane
Missoula, MT 59804

FAX: (406) 549-5047

CHECK - My Check made payable to VCS and noted for SSO is enclosed for \$_____.

FACTS - I authorize a payment through my FACTS account in the amount of \$_____. This authorization is for a one-time payment and is authorized for transfer on date _____. Your donation is effective on the transfer date you have designated. (Please allow a 4-day window for the draft to process from start to finish.)

ACH - I authorize an automatic Electronic Funds Transfer (EFT) from my bank account in the amount of \$_____ for date _____. (Please allow a 4-day window for the draft to process from start to finish.)

Bank Name: _____

Routing Number: _____

Account Number: _____ Circle One : Checking Savings

Signature: _____

Date: _____

WIRE - I will have my bank initiate a wire transfer to VCS. Please note that many banks charge wire fees. Please verify with your bank. (Please allow a 2-day window for the draft to process from start to finish.)

My Bank Name: _____

Please contact VCS Business Office for further wire instructions.

THANK YOU FOR YOUR GENEROUS SUPPORT!

Valley Christian School SSO, Federal Tax ID# 81-0381097, is a 501(c)(3) nonprofit organization.

VCS Business Office Use Only:

Date Rec'd: _____ Payment Rec'd: _____ Submitted to MT: _____ Approval #: _____