



# ADVANCE CAROLINA

## Donor Form



Business Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

**OR**

Taxpayer's Name: \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Referral Source (how did you hear about this donor opportunity? (i.e. school, friend CPA/attorney, etc. ) *Be as specific as you can.* \_\_\_\_\_

\_\_\_\_ I authorize disclosure of our "names" for donor recognition purposes.

\_\_\_\_ I authorize disclosure of the "donation amount" for donor recognition purposes.

2015 Tax Credit Donation: \$ \_\_\_\_\_

*Taxpayer(s) should not donate more than 60% of their estimated 2015 South Carolina Income Tax for this credit. Any donation to the tax credit program that exceeds 60% will not be eligible for carry forward to future tax years and will be lost.*

**Taxpayer(s) hereby authorize Advance Carolina to discuss information relating to your tax credit donation with the South Carolina Department of Revenue. Taxpayer accepts personal responsibility for submitting Form SC SCH TC 57A after donation is made to Advance Carolina.**

Signature of Taxpayer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Taxpayer: \_\_\_\_\_ Date: \_\_\_\_\_