

Great Falls Public Schools

2025 Innovative Tax Credit Information

Last 4 Digits - Social Security Number or FEIN Number: _____

Email address:

First Name:

Last Name:

Phone Number:

Physical Address:

Street:

City:

State:

Zip Code:

Mailing Address: (If different than Physical Address)

PO Box:

City, State:

Zip Code:

Please direct my donation to: (Please initial)

_____ Great Falls Elementary District (Grades K-8)

_____ Great Falls High School District (Grades 9-12)

_____ Split between Elementary and High School

_____ District may choose to create a balance between Elementary and High School

Amount of Donation: _____ Check # _____

(The check must be made out to Great Falls Public Schools with "Innovative Tax Credit" in the memo line. The check must be received by the District prior to January 15, 2025)

_____ Initial if you are willing to let Great Falls Public Schools release your donation information.

How would you like your name(s) listed for recognition: _____