

Oregon IDA Tax Credit Donor Form 2020



Date: _____

Individual Taxpayer OR Business Name as it appears on your tax return: _____

Prefix: _____ Corresponding SSN: _____ OR FEIN: _____

*For couples filing joint returns, submit **one** taxpayer name and the corresponding Social Security Number.
For married couples filing separate returns and donating separately, submit **separate** donor forms.*

Note: The Oregon Department of Revenue **requires** that all tax credit contributions include a SSN or FEIN. This helps the Dept. of Revenue connect your contribution to your tax return. Your personal ID is secure and will only be shared with the Dept. of Revenue.

Taxpayer Contact Information

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone (select one) _____ Email: _____

CPA, Financial Advisor and/or Broker (Optional)

Name: _____ Firm: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contribution Method

Credit Card (90% tax credit rate)

Amount: \$ _____ To make a donation, visit [here](#).

Check (90% tax credit rate)

Amount: \$ _____ Make check payable and mail to Oregon IDA Initiative

Wire Transfer (90% tax credit rate)

Amount: \$ _____ To make a donation, visit [here](#).

Stock/Mutual Fund Transfer (90% tax credit rate)

Symbol(s): _____ Number of Shares: _____

For donation instructions by stock/mutual funds, visit [here](#).

Along with your donation, submit this form to us via mail or fax (do not email). All checks mailed must be postmarked by no later than 12.31.20 and all credit card, stock/mutual fund, and wire transfer donations must be received by 12.31.20 and before available tax credits are sold for the year. Questions? Contact Monica Flechtner at (503) 226 -3001 x102 or mflechtner@neighborhoodpartnerships.org.