



Date:				
Individual Taxpayer OR Business name as it appear	•			
Corresponding SSN <u>OR</u> FEIN*: Note: The Oregon Department of Revenue <u>requires</u> that all t secure and will only be shared with the Department of Reven	ax credit contributions inc			personal ID is
Mailing Address:	City: _		_ State:	Zip:
Phone:		home	Cell	O work
Email:				
Select at least one (if you make no selection, you w	vill only receive a phys	sical letter):	
Electronic acknowledgement letter (via em	ail) Physica	al acknow	ledgement le	etter (via mail)
*For couples filing joint returns, submit <u>one</u> taxpay For married couples filing separate returns and dor		_		
CPA, Financial Advisor and/or Broker (Optiona	al)			
Name:	Firm:			
Address:	City:		State:	Zip:
Phone:	Email:			
Contribution Method (All Methods at 90% Tax	Credit Rate)			
Credit Card Amount: \$To make a donate	ion, visit <u>www.oregor</u>	nidainitiat	ive.org/dona	ateida/
Check Amount: \$ Make check paya	ble and mail to Orego	n IDA Ini	tiative	
☐ Wire Transfer Amount: \$ To make a donate	ion, visit <u>www.oregor</u>	nidainitiat	ive.org/dona	<u>ıteida/</u>
	Number of Shares:			
In some cases, stock transfers can take several w	veeks to complete. We	advise doi	nors to plan a	accordingly.

Submit this form to us along with your donation via mail to the address below or using our secure document transfer.

All checks mailed must be postmarked by no later than 12/31/21 and all credit card, stock/mutual fund, and wire transfer donations must be received by 12/31/21 and before available tax credits are sold for the year.

Questions? Contact Adam Lewis at 541-207-8802 or IDATaxCredit@neighborhoodpartnerships.org.