EISENHOWER FOUNDATION DONATION FORM for Co	rporate OR	rogram Privilege Taxpayers —
If you are an <u>CORPORATE OR PRIVILEGE</u> ta	xpayer, please compl	ete the following information:
\Box I am enclosing my 2024 donation to the Eisenhower	Foundation Kansas Tax	c Credit Program:
□\$1,000 □\$10,000 □\$25,000 □\$	50,000	□\$100,000 □ <u>\$</u> Maximum Other Amount
Please make checks payable to: Eisenhowe	r Foundation PO B	ox 295 Abilene, KS 67410
	OR	
□ Please charge \$ to my: □ Visa □ MasterCard □ I	Discover 🗌 American	Express
Card Number	Expiration date	
Name on Card	Signature	
I request my	gifts be used for:	
☐Where needed most ☐Capital Project	□Program	s
Donor Signature(s)		Date
$\overline{\mathbf{Name}(s)}$ & Tax ID(s) as shown on tax return		
Street Address	City, State	Zip
Eisenhower Foundation Credit Effective for all taxable years beginning <i>after December</i> Qualifications Any resident individual, corporate, or privilege taxpayer Credit Amount The credit amount is <i>equal to 50 percent of the total of</i> <i>If the amount of credit exceeds the taxpayer's tax liability, the remu</i> Limitation of Credit The amount of credit shall not exceed \$25,000 for an \$50,000 for any taxpayer subject to the income tax on co <i>The Eisenhower Foundation</i>	is eligible. contribution made dur <i>uining credit is not allowed to</i> ay resident individual ta	ing the taxable year. <i>a carryover or to be refunded.</i> expayer subject to the income tax or ege tax on financial institutions.

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