

**TEXAS CERTIFICATE OF CONTRIBUTION
STRONG FAMILIES FRANCHISE TAX CREDIT**

ELIGIBLE ORGANIZATION INFORMATION

Name:
OneStar Eligibility Certification Number:
Federal Employer ID Number (if applicable):
Texas Taxpayer Number (if applicable):
Address:
Phone Number:

DONOR INFORMATION

Name:
Federal Employer ID Number (if applicable):
Texas Taxpayer Number:
Address:
Phone Number:

DESIGNATED CONTRIBUTION INFORMATION

Date of designated contribution:
Amount of designated contribution:

The undersigned hereby certifies receipt of the designated contribution described above.

Sign:	Date:
Print name and title:	