

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

**ELIGIBLE ORGANIZATION INFORMATION**

Legal Name:
DBA (if applicable):
OneStar Certification Number:
Federal EIN/Tax ID:
Texas Taxpayer Number (if applicable):
Address:
Phone Number:

**DONOR INFORMATION**

Name:
Federal EIN/Tax ID (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:	