



ARKANSAS INDIVIDUAL INCOME TAX CHECK-OFF CONTRIBUTIONS

Primary's Legal Name, Spouse's Legal Name, Mailing Address, City, State, Zip, Primary's Social Security Number, Spouse's Social Security Number

SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

- 1. ARKANSAS DISASTER RELIEF PROGRAM
2. ARKANSAS GAME AND FISH FOUNDATION
3. ARKANSAS SCHOOL FOR THE BLIND/SCHOOL FOR THE DEAF
4. BABY SHARON'S CHILDREN'S CATASTROPHIC ILLNESS PROGRAM
5. ORGAN DONOR AWARENESS EDUCATION PROGRAM
6. AREA AGENCIES ON AGING PROGRAM
7. MILITARY FAMILY RELIEF PROGRAM
8. NEWBORN UMBILICAL CORD BLOOD INITIATIVE
9. AR 529 COLLEGE INVESTING PLAN (GIFT PLAN OR ISHARES 529 PLAN)
10. TOTAL CHECK-OFF CONTRIBUTIONS