

The Foundation for Jewish Day Schools is grateful for your support through the Commonwealth's EITC/OSTC program. Please complete this form in preparation for the designation process to the schools and to ensure your donation is appropriately distributed and acknowledged. For more information, contact **Ellen Horowitz Matz, Director, Education Tax Credit Programs, at 215.832.0525 or at [ematz@jewishphilly.org](mailto:ematz@jewishphilly.org)**. Thank you!

Please complete and return IMMEDIATELY to: [ematz@jewishphilly.org](mailto:ematz@jewishphilly.org) or fax: 215.832.0527

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of person who determines school designation, if different from above:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

■ **K-12 OSTC 2017-2018 DONATION** Total Donation \$ \_\_\_\_\_

■ **APPLICATION YEAR STATUS**

- First year of two year application     
  Second year of two year application     
  One year application

■ **PLEASE SELECT DAY SCHOOL PROGRAM(S) AND SPECIFY AMOUNT PER SCHOOL**

- |   |  |
|---|--|
| <input type="checkbox"/> Undesignated: Any Qualifying Day School..... \$ _____      | <input type="checkbox"/> The Mesivta High School of Greater Philadelphia .. \$ _____ |
| <input type="checkbox"/> Abrams Hebrew Academy..... \$ _____                        | <input type="checkbox"/> OROT: Special Needs Initiative ..... \$ _____               |
| <input type="checkbox"/> Jack M. Barrack Hebrew Academy ..... \$ _____              | <input type="checkbox"/> Raymond and Ruth Perelman Jewish Day School... \$ _____     |
| <input type="checkbox"/> Cheder Chabad..... \$ _____                                | <input type="checkbox"/> Politz Hebrew Academy..... \$ _____                         |
| <input type="checkbox"/> Kohelet Yeshiva..... \$ _____                              | <input type="checkbox"/> Talmudical Yeshiva of Philadelphia ..... \$ _____           |
| <input type="checkbox"/> I.S. Kosloff Torah Academy Girls High School..... \$ _____ | <input type="checkbox"/> Caskey Torah Academy of Greater Philadelphia .... \$ _____  |
| <input type="checkbox"/> Synagogue Kindergarten Program: Name _____ \$ _____        |  |

■ **ACKNOWLEDGEMENT/RECOGNITION – Please check ALL that apply**

- Completely anonymous – no recognition other than in documents required by law.

**OR**

- School may know my company's/personal name for administrative purposes only, but no public recognition at school or through the Foundation for Jewish Day Schools.

**OR**

- School may know my company's/personal name, and may recognize the gift within the school community.

**AND**

- Foundation for Jewish Day Schools may ALSO include my company's /personal name beyond the school community in public notifications (e.g. newspapers, publications, advertisements, etc.) as well as recognizing the gift at the school.

■ **IMPORTANT - I would like my donation to be recognized using the following name:**

Business Name and/or Preferred Personal Name \_\_\_\_\_

■ \_\_\_\_\_  
Signature
Print Name
Date