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

☐ Undesignated: Any Qualifying Day School....... $ _______ ☐ The Mesivta High School of Greater Philadelphia .. $ _______

☐ Abrams Hebrew Academy........................................ $ _______ ☐ OROT: Special Needs Initiative ................................ $ _______

☐ Jack M. Barrack Hebrew Academy ......................... $ _______ ☐ Raymond and Ruth Perelman Jewish Day School... $ _______

☐ Cheder Chabad ...................................................... $ _______ ☐ Politz Hebrew Academy ........................................ $ _______

☐ Kohelet Yeshiva ....................................................... $ _______ ☐ Talmudical Yeshiva of Philadelphia ................... $ _______

☐ I.S. Kosloff Torah Academy Girls High School....... $ _______ ☐ Caskey Torah Academy of Greater Philadelphia .... $ _______

☐ 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

Please complete and return IMMEDIATELY to: ematz@jewishphilly.org or fax: 215.832.0527

K-12 OSTC 2017-2018

DONATION DATA CONFIRMATION

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. Thank you!