

**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, EITC Officer, at 215.832.0525 or at [ematz@jewishphilly.org](mailto:ematz@jewishphilly.org)**. Thank you!

**Please complete and return IMMEDIATELY along with your contribution on a business check and a copy of the DCED approval letter to: [ematz@jewishphilly.org](mailto:ematz@jewishphilly.org) or fax: 215.586.6027**

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

Entity Type: ☐ Partnership ☐ S-Corp. ☐ C-Corp. ☐ LLC ☐ LLP ☐ SPE ☐ Other, please explain \_\_\_\_\_

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

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

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

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

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

■ **K-12 OSTC 2018-2019 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 High School..... \$ _____                   | <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.... \$ _____  |

☐ 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.

**AND**

☐ In the future, should Jewish Federation create an acknowledgement/recognition process within the Jewish Federation platform, I would like to be notified of that/those opportunities.

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

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

■

Signature

Print Name

Date