

**EIO 2018-2019
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 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**. 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 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 _____

■ **EIO 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 ORGANIZATION(S) and SPECIFY AMOUNT FOR EACH ONE**

- Jewish Community Relations Council, Youth Symposium on the Holocaust..... \$ _____
- Philadelphia Holocaust Remembrance Foundation Educational Program* \$ _____
- National Museum of American Jewish History Educational Programs* \$ _____
- JEVS Building Trades Career Exploration* \$ _____

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

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

OR

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

OR

The organization/program 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 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 _____

*13% of net proceeds will be directed to the Youth Symposium on the Holocaust program.