

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!

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 _____

■ **K-12 EITC 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