



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, 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 _____

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 _____

*A % of net proceeds will be directed to the Youth Symposium on the Holocaust Program and/or scholarships at local Jewish day schools.