

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 _____

■ **PRE-K EITC 2018-2019 DONATION** Total Donation \$ _____

■ **APPLICATION YEAR STATUS** ☐ 1st year of 2-year application ☐ 2nd year of 2-year application ☐ 1 year application

■ **PLEASE SELECT DAY SCHOOL PROGRAM(S) AND SPECIFY AMOUNT PER SCHOOL**

- | | |
|--|---|
| <input type="checkbox"/> Undesignated: Any Qualifying Pre-K Program\$ _____ | <input type="checkbox"/> Har Zion Temple\$ _____ |
| <input type="checkbox"/> Abrams Hebrew Academy\$ _____ | <input type="checkbox"/> Kaiserman JCC\$ _____ |
| <input type="checkbox"/> Adath Israel.....\$ _____ | <input type="checkbox"/> Keshet Israel Congregation\$ _____ |
| <input type="checkbox"/> Beth Israel Congregation of Chester County ...\$ _____ | <input type="checkbox"/> Lubavitch of Montgomery County\$ _____ |
| <input type="checkbox"/> Beth Shalom Congregation\$ _____ | <input type="checkbox"/> Main Line Reform Temple.....\$ _____ |
| <input type="checkbox"/> Beth Tikvah B'nai Jeshurun\$ _____ | <input type="checkbox"/> Perelman Jewish Day School -
Junior Kindergarten (Pre-K).....\$ _____ |
| <input type="checkbox"/> Center City Pre-School (B'nai Abraham)\$ _____ | <input type="checkbox"/> Old York Road Temple-Beth Am\$ _____ |
| <input type="checkbox"/> Chabad of the Main Line\$ _____ | <input type="checkbox"/> Reform Congregation Keneseth Israel.....\$ _____ |
| <input type="checkbox"/> Cheder Chabad\$ _____ | <input type="checkbox"/> Shir Ami\$ _____ |
| <input type="checkbox"/> Congregation Adath Jeshurun\$ _____ | <input type="checkbox"/> Temple Beth Hillel - Beth El\$ _____ |
| <input type="checkbox"/> Congregation Beth Or\$ _____ | <input type="checkbox"/> Temple BZBI\$ _____ |
| <input type="checkbox"/> Congregation Beth Solomon\$ _____ | <input type="checkbox"/> Temple Judea of Bucks County\$ _____ |
| <input type="checkbox"/> Congregation Kol Emet\$ _____ | <input type="checkbox"/> Temple Shalom in Broomall\$ _____ |
| <input type="checkbox"/> Congregation Or Ami\$ _____ | <input type="checkbox"/> Temple Sinai\$ _____ |
| <input type="checkbox"/> Congregations of Shaare Shamayim.....\$ _____ | <input type="checkbox"/> Tiferet Bet Israel\$ _____ |
| <input type="checkbox"/> Congregation Tifereth Israel of Lower Bucks County ..\$ _____ | <input type="checkbox"/> Torah Academy of Bucks County\$ _____ |
| <input type="checkbox"/> Federation Early Learning Services\$ _____ | <input type="checkbox"/> Caskey Torah Academy of Greater Philadelphia...\$ _____ |
| <input type="checkbox"/> The Gan School\$ _____ | |
| <input type="checkbox"/> Germantown Jewish Centre\$ _____ | |

■ **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