Foundation for Jewish Day Schools

OSTC (K-12 OSTC) 2021-2022 DONATION DATA CONFIRMATION

Due to COVID, wire transfer payment of your **OSTC** contribution is preferred and should be directed as follows: ***Bank Name - Firstrust Bank; Bank Address - 1515 Market Street Philadelphia, PA 19102; ABA # - 236073801; Account Name - Foundation for Jewish Day Schools of Greater Philadelphia – OSTC; Account # - 1000521350***. In addition, please complete and return this form and a copy of the DCED approval letter via email together to: ematz@jewishphilly.org. Please notify me when the wire transfer is initiated. If wire transfer is not possible, a check made payable to **Foundation for Jewish Day Schools** and mailed to **2100 Arch Street, Philadelphia, PA 19103** can be processed.

CONTACT: Ellen Horowitz Matz, Director, Educational Tax Credit Programs, at the email above or 215-832-0525.

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 2021-2022 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

☐ Undesignated: Any Qualifying Day School ..... $ _____

☐ Abrams Hebrew Academy ..... $ _____

☐ Jack M. Barrack Hebrew Academy..... $ _____

☐ Cheder Chabad ..... $ _____

☐ Kohelet Yeshiva High School..... $ _____

☐ I.S. Kosloff Torah Academy Girls High School ..... $_____

☐ The Mesivta High School of Greater Philadelphia ...$_____

☐ Mesivta Yesodei Yisroel ..... $ _____

☐ OROT: Special Needs Initiative..... $ _____

☐ Raymond and Ruth Perelman Jewish Day School... $ _____

☐ Politz Hebrew Academy ..... $ _____

☐ Talmudical Yeshiva of Philadelphia..... $ _____

☐ Caskey Torah Academy of Greater Philadelphia..... $ _____

☐ Synagogue Kindergarten Program: Name _____ ..... $ _____

■ ACKNOWLEDGEMENT/RECOGNITION – Please check ALL that apply- IMPORTANT NOTE: **If the business will be taking this contribution as a federal deduction, US Treasury/IRS regulations now stipulate that it must be deemed an *ordinary and necessary business expense.* As such, we recommend you select #3 or #4 as your acknowledgement/recognition option.**

The Individual School and the Foundation for Jewish Day Schools may…

#1 ☐ Not recognize my gift other than in documents required by law. (anonymous)

#2 ☐ Know my company/personal name for administrative purposes only, but not publicly recognize my gift.

#3 ☐ Know my company/personal name, and may recognize my gift within the school community only.

#4 ☐ Recognize my company/personal name beyond the school community, by FJDS, and include in public notifications (e.g. newspapers, publications, advertisements, etc.)

AND

#5 ☐ I would like the Jewish Federation of Greater Philadelphia to be made aware that I participate in the EITC program. (Note: This process is in development)

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

Business Name and/or Preferred Personal Name (required) _____

■ _____ _____ _____

Signature (required) Print Name (required) Date