

Signature (required)

## SO (K-12 EITC) 2023-2024 DONATION DATA CONFIRMATION

PAYMENT INSTRUCTIONS: Wire transfer of your EITC/SO 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 - FJDS; Account # - 1000521335. In addition, please complete and return this form and a copy of the DCED approval letter via email together to <a href="mailto:ematz@jewishphilly.org">ematz@jewishphilly.org</a>. Please notify me when the wire transfer is initiated. If wire transfer is not possible, checks should be made payable to Foundation for Jewish Day Schools and mail to (NEW ADDRESS) 2 Commerce, 2001 Market St - 23rd Floor, Philadelphia, PA 19103.

Company Name	
Entity Type: $\square$ Partnership $\square$ S-Corp. $\square$ C-Corp. $\square$ LI	LC 🗌 LLP 🗎 SPE 🗎 Other, please explain
Contact Name	Title
Phone	Email
Name of person who determines school designation	, if different from above:
	Title
Phone	Email
K-12 EITC 2022-2023 CONTRIBUTION Total Contribu	tion \$
APPLICATION YEAR STATUS	
$\square$ First year of two year application $\square$ Sec	ond year of two year application $\Box$ One year application
PLEASE SELECT DAY SCHOOL PROGRAM(S) AND SPEC	
☐ Undesignated: Any Qualifying Day School\$	\$\$
☐ Abrams Hebrew Academy\$	\$ OROT: Special Needs Initiative\$
$\square$ Jack M. Barrack Hebrew Academy\$	Raymond and Ruth Perelman Jewish Day School \$
☐ Caskey Torah Academy\$	\$\$
☐ Cheder Chabad\$	
☐ Kohelet Yeshiva High School\$	
$\square$ I.S. Kosloff Torah Academy Girls High School \$	
☐ Synagogue Kindergarten Program: Name	\$
ntribution as a federal deduction, US Treasury/IRS re	
, ,	strative purposes only, but not publicly recognize my gift.
<b>#3</b> $\square$ Know my company/personal name, and may re	ecognize my gift within the school community only.
#4 ☐ Recognize my company/personal name beyond newspapers, publications, advertisements, etc.)  AND	d the school community, by FJDS, and include in public notifications (e.g.
	Philadelphia to be made aware that I participate in the EITC program. (Note: Th
MPORTANT - I would like my donation to be recogn	ized using the following name:
	quired)

Print Name (required)

Date