EIO 2024-2025
DONATION DATA CONFIRMATION

PAYMENT INSTRUCTIONS: Wire transfer payment of your **EIO** 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 – EIO (NEW); Account # - 1000622588***. 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, checks should be made payable to **Foundation for Jewish Day Schools** and mailed to **2 Commerce, 2001 Market St - 23rd Floor, Philadelphia, PA 19103**

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 _____

■ **EIO 2024-2025 CONTRIBUTION** Total Contribution $ _____

■ **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**

☐ Gratz College: Holocaust Education Program..... ....$_____
☐ Philadelphia Holocaust Remembrance Foundation: Holocaust Education Program ....$_____
☐ Weitzman National Museum of American Jewish History: Immigrant Based Education Program $_____
☐ JEVS: Career Building Programs .....$ _____
☐ Orthodox Union: Jewish Teen Outreach and Education Program.....$ _____
☐ Undesignated.....$ _____

■ **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