

OSTC (K-12 OSTC) 2024-2025 DONATION DATA CONFIRMATION

PAYMENT INSTRUCTIONS: Wire transfer 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, checks should be made payable to Foundation for Jewish Day Schools and mailed to (NEW ADDRESS) 2 Commerce, 2001 Market St - 23rd Floor, Philadelphia, PA 19103

CONTACT: Ellen Horowitz Matz, Dir	rector, Educational Tax Credit Programs, at the email above or 215-832-0525.
Company Name	
Entity Type: 🗌 Partnership 🗎 S-Corp. 🗎 C-Corp	p. 🗌 LLC 🖺 LLP 🖺 SPE 🗎 Other, please explain
Contact Name	Title
	Email
Name of person who determines school design	
Phone	Title Email
■ K-12 OSTC 2024-2025 CONTRIBUTION Total C	
■ APPLICATION YEAR STATUS	
\square First year of two year application	\square Second year of two year application \square One year application
PLEASE SELECT DAY SCHOOL PROGRAM(S) AN	
☐ Undesignated: Any Qualifying Day School	
Abrams Hebrew Academy	\$\$ OROT: Special Needs Initiative\$\$
☐ Jack M. Barrack Hebrew Academy	\$ Raymond and Ruth Perelman Jewish Day School\$
☐ Caskey Torah Academy	•
☐ Cheder Chabad	
☐ Kohelet Yeshiva High School	•
☐ I.S. Kosloff Torah Academy Girls High School	
☐ Synagogue Kindergarten Program: Name _	\$
business expense. As such, we recommend you so the Individual School and the Foundation #1 \Boxed Not recognize my gift other than in document #2 \Boxed Know my company/personal name, and	iments required by law. (anonymous) dministrative purposes only, but not publicly recognize my gift. may recognize my gift within the school community only. beyond the school community, by FJDS, and include in public notifications (e.g.
AND	eater Philadelphia to be made aware that I participate in the EITC program. (Note: This
business ivame and/or Preferred Personal Nan	me (required)
Signature (required)	Print Name (required) Date