

PAYMENT INSTRUCTIONS: Wire transfer of your PKSO contribution is preferred and should be directed as follows:
Bank Name - Firsttrust 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 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 _____

■ PRE-K EITC 2026-2027 CONTRIBUTION Total Contribution \$ _____

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

■ PLEASE SELECT PRE-SCHOOL PROGRAM(S) AND SPECIFY AMOUNT PER SCHOOL

- | | |
|---|--|
| ☐ Undesignated: Any Qualifying Pre-K Program . \$ _____ | ☐ Kaiserman JCC\$ _____ |
| ☐ Abrams Hebrew Academy\$ _____ | ☐ Keshet Israel Congregation\$ _____ |
| ☐ Adath Israel.....\$ _____ | ☐ Kol Emet\$ _____ |
| ☐ Beth Shalom Congregation\$ _____ | ☐ Main Line Reform Temple.....\$ _____ |
| ☐ Beth Tikvah B'nai Jeshurun\$ _____ | ☐ Perelman Jewish Day School (Pre-K).....\$ _____ |
| ☐ Caskey Torah Academy of Greater Philadelphia..\$ _____ | ☐ Old York Road Temple-Beth Am\$ _____ |
| ☐ Center City Pre-School (B'nai Abraham)\$ _____ | ☐ Shir Ami\$ _____ |
| ☐ Chabad of the Main Line\$ _____ | ☐ Temple Beth Hillel - Beth El\$ _____ |
| ☐ Cheder Chabad\$ _____ | ☐ Temple BZBI\$ _____ |
| ☐ Congregation Beth Or\$ _____ | ☐ Temple Judea of Bucks County\$ _____ |
| ☐ Congregation Beth Solomon\$ _____ | ☐ Temple Shalom in Broomall\$ _____ |
| ☐ Congregation Or Ami\$ _____ | ☐ Temple Sinai\$ _____ |
| ☐ The Gan School\$ _____ | ☐ Torah Academy of Bucks County\$ _____ |
| ☐ Federation Early Learning Services (FELS).....\$ _____ | ☐ Yeshiva Ketana.....\$ _____ |
| ☐ Har Zion Temple\$ _____ | |

FJDS will make reasonable efforts to honor this request, and an explanation will be provided if changes are required

■ 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 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 _____