JEWISH HARRISBURG
EITC INTEREST FORM

This form is not a binding commitment to participate. Please fill out the appropriate box so that we may contact you about your interest to participate in the EITC program.

INDIVIDUAL

Name: ______________________________________________________

Employer: __________________________________________________

  □ retired

Spouse’s Name: _______________________________________________

Spouse’s Employer: ___________________________________________

  □ retired

Phone: _______________________________________________________

Email: _______________________________________________________

Address: ____________________________________________________


LEGAL ENTITY

Entity Name: _________________________________________________

Primary Contact: _____________________________________________

Cell Phone: __________________________________________________

Work Phone: __________________________________________________

Email: _______________________________________________________

Address: ____________________________________________________


Expected Investment Range:

School Designation 1: Amount: $ __________________________

School Designation 2: Amount: $ __________________________

Central PA’s Jewish Day School / The Silver Academy

Jewish Federation of Greater Harrisburg