

# PENNSYLVANIA SPECIAL PURPOSE ENTITY (SPE) JOINDER

**For Individual/Joint/Corporate Pennsylvania EITC/OSTC Program Contributions**

For detailed information on the Program and Application/Award Process, please go to:  
<https://www.pennsylvaniaeitc.org/frequently-asked-questions.html>

**Questions: Contact Deb Rizzoto 717-533-2854**

IN WITNESS WHEREOF, the undersigned has executed this Joinder to Limited Liability Company Operating Agreement of *MicroPlusPlus Investment Management, LLC* as of the date set forth below next to the undersigned's signature.

IF AN INDIVIDUAL OR 2 INDIVIDUALS SIGNING JOINTLY:	IF A LEGAL ENTITY:
PRINT NAME – INDIVIDUAL #1	PRINT NAME – LEGAL ENTITY
SIGNATURE – INDIVIDUAL #1	AUTHORIZED SIGNATURE
SOCIAL SECURITY # – INDIVIDUAL #1	PRINT NAME / TITLE OF AUTHORIZED SIGNER
PRINT NAME – INDIVIDUAL #2	
SIGNATURE – INDIVIDUAL #2	
SOCIAL SECURITY # – INDIVIDUAL #2	EIN #
DATE	DATE
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
EMAIL ADDRESS	EMAIL ADDRESS
AMOUNT – FIRST YEAR CAPITAL CONTRIBUTION (due upon Fund Manager's request) \$ _____ (NOTE: Minimum \$3,500 contribution unless Manager approves less)	AMOUNT – SECOND YEAR CAPITAL CONTRIBUTION (due upon Fund Manager's request) \$ _____ (NOTE: Same as INITIAL Capital Contribution)

*Fund Manager is to use my Capital Contribution for scholarship support for children attending the following EITC/OSTC qualified schools or scholarship organizations:*

Name of School/Organization St. Joan of Arc School, Hershey PA Amount \$ \_\_\_\_\_

Name of School/Organization \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of School/Organization \_\_\_\_\_ Amount \$ \_\_\_\_\_

IF THE ABOVE OPTIONAL DIRECTION IS LEFT BLANK, Capital Contributions will be regarded as undesignated by the Fund Manager.

*Randy Tarpey, in his capacity as Manager of the Company, hereby accepts this Joinder and admits the party or parties identified above as a Member of the Company as of the date set forth next to the signature below.*

*MicroPlusPlus Investment Management, LLC*

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

**Send forms to: Central Pennsylvania Scholarship Fund, Attn: Randy Tarpey, 227 Jefferson Avenue, Tyrone, PA 16686**

**NOTE: Central Pennsylvania Scholarship Fund will contact you in the 4<sup>th</sup> quarter when it is time to submit your donation check.**