



It is my/our desire that the following community Partner Organization(s) benefit from my/our gift:

- ☐ Congregation Or Tzion
☐ Arizona Jewish Historical Society
☐ East Valley Jewish Community Center
☐ Hillel at ASU
☐ Jewish Federation of Greater Phoenix
☐ Valley of the Sun JCC
☐ Jewish Family & Children's Service
☐ Jewish Free Loan
☐ Minkoff Center for Jewish Genetics
☐ Pardes Jewish Day School
☐ Temple Chai
☐ Temple Emanuel of Tempe
☐ Temple Kol Ami
☐ Other \_\_\_\_\_

Please return this Commitment form to the Partner Organization or mail to: Rachel Rabinovich, LIFE & LEGACY Program Director, Jewish Community Foundation of Greater Phoenix, 12701 N. Scottsdale Road, Suite 202, Scottsdale, AZ 85254, 480-699-1717

Declaration of Commitment

In keeping with the Jewish tradition, I/we wish to share my/our blessing with others. Therefore, I/we make this Declaration of Commitment to help provide for the Jewish Community of Greater Phoenix of tomorrow.

- ☐ I/We intend to create a legacy gift and will formalize my/our gift within \_\_\_\_\_ months (maximum of 6 months).
☐ I/We have already created a legacy gift, but until now have not shared this information with the benefiting Jewish organization(s).

My/Our legacy gift in the approximate amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % will be/was completed through (check one):

- ☐ Bequest/Will
☐ Charitable Gift Annuity
☐ Charitable Trust
☐ Donor Advised Fund
☐ Life Insurance Policy
☐ Real Estate or Business Interest
☐ Retirement Plan Assets
☐ Other \_\_\_\_\_

Please check all that apply:

- ☐ I/We understand that this commitment is revocable and may be modified at my/our discretion. I/we endeavor to notify the recipient organization(s) accordingly.
☐ I/We understand that you will inform the additional designated organization(s) of this gift.
☐ I/we would like to remain anonymous at this time.
☐ You have my permission to recognize me/us publicly in all LIFE & LEGACY marketing materials (without disclosing gift details).
☐ Please have a Jewish Community Foundation staff member contact me/us regarding completing my/our page in the Endowment Book of Life.

Donor Name/Date of Birth

Donor Name/Date of Birth

Names for Formal Recognition (e.g., Ruth and Samuel Donor, Ms. Ruth Donor)

Street Address

City, State ZIP

Home Phone

Mobile Phone

Email

Donor Signature

Date

Donor Signature

Date