



## **Declaration of Commitment**

	eping with the Jewish tradition, I/we wish to share my/our b mmitment to help provide for the Jewish Community of Gred		-	• • • • • • • • • • • • • • • • • • • •			
<b>\</b>	We intend to create a legacy gift and will formalize my/our We have already created a legacy gift, but until now have n rganization(s).						
_	Our legacy gift, in the approximate amount of \$			or%, will be/was completed through			
-	Last Will & Testament/Living Trust		Est	tablished Fund at CJP			
	I IRA/other Retirement Plan		Rea	eal Estate or Business Interest			
	Life Insurance Policy		Oth	her:			
I/We	choose the following LIFE & LEGACY® Community Pa	rtne	r Or	rganization(s) to benefit from my/our gift:			
	Arizona Jewish Historical Society			National Council of Jewish Women Arizona			
	Beth Joseph Congregation			Minkoff Center for Jewish Genetics			
	Phoenix Hebrew Academy			Pardes Jewish Day School			
	Bureau of Jewish Education			Phoenix Community Kollel			
	Center for Jewish Philanthropy of Greater Phoenix			PJ Library			
	l Congregation Or Tzion			Temple Beth Shalom of the West Valley			
	l East Valley Jewish Community Center			Temple Chai			
	Gesher Disability Resources			Temple Emanuel of Tempe			
	Hillel at ASU			Temple Kol Ami			
	I Jewish Family & Children's Service			Valley Beit Midrash			
	l Jewish Free Loan			Valley of the Sun Jewish Community Center			
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 desig	/We understand that you will inform the additional designated organization(s) of this gift.					
	/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).						

☐ I/we would like to learn more about **completing my/our page in the Endowment Book of Life.** 





Donor Name/Date of Birth	Donor Name/Date of Bi	Donor Name/Date of Birth			
Names for Formal Recognition (unless	otherwise notes, we list couples as Wife & Husband Last Name				
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Street Address	City, S	City, State ZIP			
Best Phone Number	Phone Type (home/work/cell)	Email			
Donor Signature	Date				
Donor Signature	Date				

Before returning this form, please print, sign & date it.

Return it to the LIFE & LEGACY Partner Organization or mail to:

Rachel Rabinovich, LIFE & LEGACY Program Director Center for Jewish Philanthropy of Greater Phoenix 12701 N. Scottsdale Road Suite 201 Scottsdale, AZ 85254

If you have any questions about completing this form, please contact Rachel: 480.481.1785 lifeandlegacy@phoenixcjp.org

Please use this space to provide any additional details about your legacy gift (i.e., designating your gift to a specific area, how much each organization will receive, etc.)