



# Declaration of Intent

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

- Jewish Community Centers of Chicago (JCC Chicago)*
- Akiba-Schechter Jewish Day School*
- Arie Crown Hebrew Day School*
- Bernard Zell Anshe Emet Day School*
- Beth Emet The Free Synagogue*
- Congregation Beth Shalom*
- Congregation Etz Chaim of DuPage County*
- Ida Crown Jewish Academy*
- Jewish Women's Foundation of Metropolitan Chicago*
- Maot Chitim of Greater Chicago*
- SHALVA*
- Sinai Health System*
- Temple Beth-El*
- Temple Chai*
- Temple Sholom of Chicago*
- Jewish United Fund/Jewish Federation of Metropolitan Chicago*
- Other*

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

- I/we intend to Create a Jewish Legacy and will formalize my/or gift within \_\_\_ months.
- I/we have already done so but haven't shared the information with the benefiting Jewish Organizations.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Bequest/Will                 | <input type="checkbox"/> Real Estate or Business Interest |
| <input type="checkbox"/> Life Insurance               | <input type="checkbox"/> Charitable Gift Annuity          |
| <input type="checkbox"/> Retirement Plan Assets (IRA) | <input type="checkbox"/> Donor Advised Fund               |
| <input type="checkbox"/> Charitable Remainder Trust   | <input type="checkbox"/> Other _____                      |

DATE

PRINT NAME

SIGNATURE

NAME(S) FOR FORMAL RECOGNITION

- I/we would like my/our gift to remain anonymous at this time.

ADDRESS

CITY, STATE, ZIP

HOME PHONE

CELL PHONE

EMAIL

Please return this Commitment form to the community partner organization named above, or mail to the Jewish United Fund/ Jewish Federation of Metropolitan Chicago, 30 S. Wells St., Chicago, IL 60606, to the attention of Tamar Wolf.

- You have my/our permission to share my/our legacy commitment with the designated organizations.