

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

- Jewish Genetic Diseases Center**
- Arizona Jewish Historical Society**
- Congregation Or Tzion**
- East Valley Jewish Community Center**
- Hillel at ASU**
- Jewish Community Association**
 - Jewish Federation of Greater Phoenix**
 - Valley of the Sun JCC**
- Jewish Family & Children's Service**
- Jewish Free Loan**
- 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):

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

Please check all that apply:

- 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

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.

Donor Signature

Date

Donor Signature

Date