



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

- Jewish Family & Children's Service**
- 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 Free Loan**
- Jewish Genetic Diseases Center**
- 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 this **commitment is revocable and may be modified at my/our discretion.**
- 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 publically 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