



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

- 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
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):

- 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 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