



## **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.

Chec	k one:					
	I/We intend to create a legacy gift and will formalize	ze my/our	gift	within months (maximum of 6 months).		
	I/We have already created a legacy gift, but until n organization(s).	ow have n	ot sl	hared this information with the benefiting Jewish		
	Our legacy gift, in the approximate amount of \$_	or_		%, will be/was completed through		
-	k one):					
	l Last Will & Testament/Living Trust		Est	ablished Fund at the Foundation of CJP		
	IRA/other Retirement Plan		Re	al Estate or Business Interest		
	Life Insurance Policy		Otl	her:		
I/We	choose the following LIFE & LEGACY® Communi	ity Partne	r Oı	rganization(s) to benefit from my/our gift:		
	Arizona Jewish Historical Society			Minkoff Center for Jewish Genetics		
	Beth El Phoenix			National Council of Jewish Women Arizona		
	Beth Joseph Congregation			Pardes Jewish Day School		
	Phoenix Hebrew Academy			Phoenix Community Kollel		
	Bureau of Jewish Education			PJ Library		
	Center for Jewish Philanthropy			Temple Chai		
	Congregation Or Tzion			Temple Emanuel of Tempe		
	East Valley Jewish Community Center			Temple Kol Ami		
	Gesher Disability Resources			Valley Beit Midrash		
	1 Hillel at ASU			Valley of the Sun Jewish Community Center		
	l Jewish Family & Children's Service			Yeshiva High School of Arizona		
	] Jewish Free Loan					
Please	check all that apply:					
	/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 would like to remain <b>anonymous</b> at this time.					
	You have my permission to recognize me/us publich	v in all LIF	E & 1	LEGACY® marketing materials (without disclosing		
_	gift details).					
		our page	in th	ne Endowment Book of Life.		





Donor Name/Date of Birth	Donor Name/Date of Bi	irth		
Names for Formal Recognition (unless other	herwise notes, we list couples as Wife & Husband Last Name	2)		
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, pleas	e print, sign & date it.			
Return it to the LIFE & LEGACY Par	tner Organization or mail to:			
Rachel Rabinovich, LIFE & LEGACY Center for Jewish Philanthropy o 12701 N. Scottsdale Road, Scottsd 480.481.1785 lifeandlegacy@phoenixcjp.org	f Greater Phoenix			
Please use this space to provide a how much each organization will	ny additional details about your legacy gift (dreceive, etc.)	lesignating your gift to a specific area,		