



## **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.

	k one:					
	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/0	Our legacy gift, in the approximate amount of \$	or	9	%, will be/was completed through		
(chec	k one):					
	Last Will & Testament/Living Trust		Est	ablished Fund at the Foundation of CJP		
	IRA/other Retirement Plan		Rea	al Estate or Business Interest		
	Life Insurance Policy		Oth	ner:		
	choose the following Life & Legacy® Community Pa	artner				
	Arizona Jewish Historical Society			Minkoff Center for Jewish Genetics		
				National Council of Jewish Women Arizona		
	Beth Joseph Congregation			Pardes Jewish Day School		
	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		
	Hillel at ASU			Valley of the Sun Jewish Community Center		
	Jewish Family & Children's Service			Yeshiva High School of Arizona		
	Jewish Free Loan					
	check all that apply:					
	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.					
	I/We understand that the additional designated organization(s) I/we choose to support will be notified of my/our 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).					
	I/we would like to learn more about completing my/our	nage i	in th	e Endowment Book of Life		





Donor Name/Date of Birth	Danar Nama/Data of Dire	<b>k</b> h			
Donor Name/Date of Birth	Donor Name/Date of Birt	Donor Name/Date of Birth			
Names for Formal Recognition (unless	s otherwise notes, we list couples as Wife & Husband Last Name)				
Street Address	City, St	ate ZIP			
Best Phone Number	Phone Type (home/work/cell)	Email			
Donor Signature	Date				
Donor Signature	Date				
	ease print, sign & add the date.				
<b>Send to:</b> Rachel Rabinovich, <i>Life &amp; Lega</i>	cy Program Director				
Center for Jewish Philanthrop	· -				
12701 N. Scottsdale Road, Suit	-				
Scottsdale, AZ 85254					
480.481.1785					
rrabinovich@phoenixcjp.org					
Please use this space to provid	e any additional details about your legacy gift (de	signating your gift to a specific area			
how much each organization w		or Britain By can give a specime and			
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Together, we assure Jewish tomorrows in our community. Thank you.