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.

Check 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 have not shared this information with the benefiting Jewish organization(s) until now.

My/Our legacy gift, in the approximate amount of $_____or ____%, will be/was completed through (check one):

- ❑ Last Will & Testament/Living Trust
- ❑ IRA/other Retirement Plan
- ❑ Life Insurance Policy
- ❑ Established Fund at the Foundation of CJP
- ❑ Real Estate or Business Interest
- ❑ Other: _____

I/We choose the following Life & Legacy® Community Partner Organization(s) to benefit from my/our gift:

- ❑ ***Arizona Jewish Historical Society***
- ❑ ***Beth El Phoenix***
- ❑ ***Beth Joseph Congregation***
- ❑ ***Bureau of Jewish Education***
- ❑ ***Center for Jewish Philanthropy***
- ❑ ***Congregation Or Tzion***
- ❑ ***East Valley Jewish Community Center***
- ❑ ***Gesher Disability Resources***
- ❑ ***Hillel at ASU***
- ❑ ***Jewish Community of Sedona and the Verde Valley Synagogue***
- ❑ ***Jewish Family & Children's Service***
- ❑ ***Jewish Free Loan***
- ❑ ***Minkoff Center for Jewish Genetics***
- ❑ ***National Council of Jewish Women Arizona***
- ❑ ***Pardes Jewish Day School***
- ❑ ***PJ Library***
- ❑ ***Temple Chai***
- ❑ ***Temple Emanuel of Tempe***
- ❑ ***Temple Kol Ami***
- ❑ ***Valley Beit Midrash***
- ❑ ***Valley of the Sun Jewish Community Center***
- ❑ ***Yeshiva High School of Arizona***

Please 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 page in the Endowment Book of Life.**

Please complete the back side

Donor Name/Date of Birth | Donor Name/Date of Birth

Names for Formal Recognition (unless otherwise notes, we list couples as Wife & Husband Last Name)

Street Address | City, State ZIP

Best Phone Number | Phone Type (home/work/cell) | Email

Donor Signature | Date

Donor Signature | Date

Before returning this form, please print, sign & add the date.

Send to:

Rachel Rabinovich, *Life & Legacy Program Director*
Center for Jewish Philanthropy of Greater Phoenix
12701 N. Scottsdale Road, Suite 201
Scottsdale, AZ 85254
480.481.1785
rrabinovich@phoenixcjp.org

Please use this space to provide any additional details about your legacy gift (designating your gift to a specific area, how much each organization will receive, etc.)

Together, we assure Jewish tomorrows in our community. Thank you.