

# LIFE & LEGACY<sup>®</sup>

FOR TORONTO JEWISH DAY SCHOOLS

## Confirmation of Intent



I/We am/are pleased to confirm my/our commitment to establish a legacy gift at the Jewish Foundation that will assure the continuity of Jewish education in Toronto for future generations.

Donor(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

My /Our advisor is: \_\_\_\_\_

Donor Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Donor Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

### I/We have made provision by:

Will  Life Insurance  Other \_\_\_\_\_

I intend to leave \$ \_\_\_\_\_ or \_\_\_\_\_ % of my estate/ inheritable assets. *(This is an optional field)*

### Permission:

To encourage others to make commitments in the future, I/we permit my/our name to be listed in Jewish Foundation, United Jewish Appeal, and the selected school listings for the upcoming year and in subsequent years.

I/We prefer to remain anonymous.

### For recognition purposes I/we would like to be listed as follows:

Name: \_\_\_\_\_

### For the benefit of future generations, my/our legacy gift will support the endowment fund of the following school/s.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Associated Hebrew Schools of Toronto | <input type="checkbox"/> Netivot HaTorah Day School               | <input type="checkbox"/> The Leo Baeck Day School        |
| <input type="checkbox"/> Bialik Hebrew Day School             | <input type="checkbox"/> Paul Penna Downtown Jewish Day School    | <input type="checkbox"/> The Toronto Heschel School      |
| <input type="checkbox"/> Bnei Akiva Schools                   | <input type="checkbox"/> Robbins Hebrew Academy                   | <input type="checkbox"/> Tiferes Bais Yaakov High School |
| <input type="checkbox"/> Eitz Chaim Schools                   | <input type="checkbox"/> TanenbaumCHAT                            | <input type="checkbox"/> Yeshiva Darchei Torah           |
| <input type="checkbox"/> Montessori Jewish Day School         | <input type="checkbox"/> The Joe Dwek Ohr HaEmet Sephardic School | <input type="checkbox"/> Other _____                     |

Please complete and return this form to the Jewish Foundation of Greater Toronto  
jewishfoundation@ujafed.org | 416.631.5703 | life-legacy.ca