

LETTER OF INTENT

Creating a Jewish legacy confirms my/our commitment to support the Jewish organizations that have been important in my/our life and will enable them to endure and thrive for future generations.

In keeping with Jewish tradition, I/we wish to share my/our blessings with others. Therefore, I/we make this commitment to help provide for the needs of tomorrow.

Name(s) _____ Birthdate(s) _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Email Address _____

- ☐ I/we have already made a legacy provision in my/our estate plan.
- ☐ I/we shall make a provision in my/our estate plan within the next _____ (12 or fewer) months.

The following named organizations are participating in the LIFE & LEGACY program. They have made a commitment to work and learn together for the future of the community. I/we wish to share my/our legacy with the following organizations:

- | | | |
|---|---|---|
| <input type="checkbox"/> Congregation Am Haskalah | <input type="checkbox"/> Jewish Community Center of the Lehigh Valley | <input type="checkbox"/> Jewish Federation of the Lehigh Valley |
| <input type="checkbox"/> Congregation B'nai Shalom | <input type="checkbox"/> Jewish Day School of the Lehigh Valley | <input type="checkbox"/> Temple Beth El |
| <input type="checkbox"/> Congregation Brith Sholom | <input type="checkbox"/> Jewish Family Service of the Lehigh Valley | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Congregation Keneseth Israel | | |
| <input type="checkbox"/> Congregation Sons of Israel | | |

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Support for Lehigh Valley LIFE & LEGACY is provided by the Harold Grinspoon Foundation and the Jewish Federation of the Lehigh Valley



IN PARTNERSHIP WITH



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Please identify the vehicle(s) through which you have or plan to create your legacy gift (check any that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Gift in will | <input type="checkbox"/> Life insurance policy | <input type="checkbox"/> Gifts that produce lifetime income |
| <input type="checkbox"/> Gift in trust | <input type="checkbox"/> Cash | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Retirement account | <input type="checkbox"/> Assets: Stocks, real estate, business interests | |

My/our commitment will be ____% of my/our estate, trust, retirement account or life insurance policy. I/we estimate it may have a value of \$_____. I/we understand that this legacy gift will be placed into a permanent fund by the organization(s) selected.

To encourage others to make commitments to the future, I/we permit my/our name(s) to be listed with other donors. Name(s) as it is to be printed in listing: _____

☐ I/we wish to remain anonymous at this time.

Donor Signature _____

Date _____

Donor Signature _____

Date _____

I/we understand this Letter of Intent is not a legally binding agreement and I/we may amend or modify it at any time.



For more information, contact
Julia Umansky at the Jewish Federation
at 610-821-5500 or julia@jflv.org

