



It is my/our desire that the following community partner organization(s) benefit from my/our gift:

- ☐ **Beth Tikvah Synagogue**
- ☐ **Clark University Hillel**
- ☐ **Congregation Beth Israel**
- ☐ **Congregation B'nai Shalom**
- ☐ **Congregation Shaarai Torah West**
- ☐ **Jewish Federation of Central Mass**
- ☐ **Jewish Healthcare Center**
- ☐ **PJ Library in Central Mass**
- ☐ **Temple Emanuel Sinai**
- ☐ **Worcester JCC**
- ☐ **Other** _____

Please return this form to the community partner organization named above or mail it to the Jewish Federation of Central Massachusetts, 633 Salisbury Street, Worcester MA 01609 to the attention of Leah Shuldiner, LIFE & LEGACY Program Coordinator.

Declaration of Intent

In keeping with Jewish tradition, I/We wish to share my/our blessings with others. Therefore, I/We declare my/our intent to provide for the Jewish community of tomorrow.

- ☐ I/We have already made arrangements for a legacy gift, but until now have not shared this information with the benefiting Jewish organization(s).
- ☐ I/We intend to leave a legacy and will formalize my/our gift within _____ months (not greater than 12 months).

Optional

My/our legacy gift will be/was completed through (check one)

- ☐ **Bequest/Will**
- ☐ **Life Insurance**
- ☐ **Retirement Plan Assets/IRA**
- ☐ **Real Estate**
- ☐ **Charitable Gift Annuity**
- ☐ **Charitable Trust**
- ☐ **Other** _____
- ☐ I/We intend to leave \$ _____ or _____ % of my/our estate/inheritable assets.

print name (s)

date(s) of birth

address

city, state, zip

home phone

mobile phone

email(s)

signature(s)

Privacy Statement:

- ☐ To inspire and encourage others, I/we permit my/our name(s) to be included in a community-wide list of LIFE & LEGACY donors.

recognition name

- ☐ I/We prefer to remain anonymous.

