

Declaration of Intent

Following Jewish tradition,

_____ I/We have already provided for the Jewish community of tomorrow

_____ I/we submit this Declaration of Intent to provide for the Jewish community of tomorrow and intend to formalize my/our commitment within _____ months.

Please check the LIFE & LEGACY™ participating organization(s) that will benefit from your legacy gift (more on back):

- | | |
|--|--|
| <input type="checkbox"/> Adath Emanu-El
<input type="checkbox"/> Chabad Lubavitch of Camden & Burlington Counties
<input type="checkbox"/> Congregation Beth El
<input type="checkbox"/> Congregation Beth Tikvah
<input type="checkbox"/> Congregation B'nai Tikvah-Beth Israel
<input type="checkbox"/> Congregation M'kor Shalom
<input type="checkbox"/> Congregation Sons of Israel
<input type="checkbox"/> Jewish Community Foundation, Inc.
<input type="checkbox"/> Jewish Community Relations Council
<input type="checkbox"/> Jewish Community Voice | <input type="checkbox"/> Jewish Federation of Southern New Jersey
<input type="checkbox"/> Jewish Senior Housing & Healthcare Services
<input type="checkbox"/> Katz JCC
<input type="checkbox"/> Kellman Brown Academy
<input type="checkbox"/> Politz Day School
<input type="checkbox"/> Samost Jewish Family & Children's Service
<input type="checkbox"/> Temple Beth Sholom
<input type="checkbox"/> Temple Har Zion
<input type="checkbox"/> Torah Links of South Jersey
<input type="checkbox"/> Other(s)—See Reverse |
|--|--|

I/we intend to Create a Jewish Legacy through:

- | | |
|--|---|
| <input type="checkbox"/> Bequest in my/our will
<input type="checkbox"/> Beneficiary of IRA/other retirement plan
<input type="checkbox"/> Gift of real estate/securities/other property | <input type="checkbox"/> Life insurance policy/beneficiary thereof
<input type="checkbox"/> Charitable remainder trust
<input type="checkbox"/> Other _____ |
|--|---|

Name(s) _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone _____ **Email** _____

___ The above intended beneficiary(-ies) may be notified of my/our legacy gift and of my/our names.

___ You have permission to include my/our name(s) in a community-wide list of LIFE & LEGACY donors to inspire and encourage others.

___ The above intended beneficiary(-ies) may be notified that a legacy gift has been made. However, I/we wish to remain anonymous.

By _____ **Date** _____

Admin Only:	Year 1	Year 2
-------------	--------	--------



Declaration of Intent

(Page 2: Declaration of Intent, continued)

Please check the LIFE & LEGACY auditing organization(s) that will benefit from your legacy gift (continued from front):

Note: the following organizations are auditing the LIFE & LEGACY program and will not be eligible to receive a cash incentive award from the Jewish Community Foundation, Inc. and the Harold Grinspoon Foundation as the participating agencies listed on Page 1 will.

Congregation Ner Tamid

Foxman Torah Institute

Temple Emanuel

Temple Sinai