LETTER OF INTENT

Creating a Jewish legacy confirms my commitment to support the Jewish organizations that have been important in my life and will ensure their strength for future generations.

Jewish Foundation
OF GREATER NEW HAVEN

CREATE A
JEWISH LEGACY
GREATER NEW HAVEN

PART 1 OF 6

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Email _____

PART 2 OF 6

- ☐ I/we have already included a legacy gift for the Jewish community in my/our estate plan.
- ☐ I/we shall make a provision in my/our estate plan within the next 3 6 9 12 months (please circle one).

PART 3 OF 6

I/we wish to share my/our legacy with the following organization(s):

- ☐ Jewish Federation of Greater New Haven (PACE)
- ☐ Temple Beth Tikvah
- ☐ Beth Israel Synagogue
- ☐ Westville Synagogue
- ☐ Congregation Mishkan Israel
- ☐ Temple Beth David
- ☐ Congregation Or Shalom
- ☐ Temple Beth Sholom
- ☐ Temple Emanuel
- ☐ Congregation Beth Shalom Rodfe Zedek
- ☐ Congregation B'nai Jacob
- ☐ Congregation Beth El-Keser Israel
- ☐ Orchard Street Shul
- ☐ Jewish Family Service
- ☐ Camp Laurelwood
- ☐ Towers at Tower Lane
- ☐ Ezra Academy
- ☐ Southern Connecticut Hebrew Academy
- ☐ Jewish Community Center of Greater New Haven
- ☐ UConn Hillel
- ☐ Jewish Cemetery Association of Greater New Haven
- ☐ Jewish Historical Society of Greater New Haven
- ☐ New Haven Mikveh Society
- ☐ Chabad of _____
- ☐ Other organizations: _____

_____

CONTINUES ON BACK

For more information, contact the Jewish Foundation of Greater New Haven
Lisa Stanger, Executive Director | (203) 387-2424, ext. 382 | lstanger@jewishnewhaven.org
Tamara Schechter, Create a Jewish Legacy Manager | (203) 387-2424, ext. 325 | tschechter@jewishnewhaven.org

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PART 4 OF 6

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

- ☐ Bequest/Will/Trust
- ☐ Life Insurance Policy
- ☐ Charitable Trust or Annuity
- ☐ Current endowment gift of cash or stock
- ☐ IRA or other retirement designation
- ☐ Other (please specify) _____

PART 5 OF 6 - OPTIONAL

My/our commitment will be $_____made through the vehicle(s) denoted above.

OR

My/our commitment will be _____% of my/our estate or other asset (as denoted above).
I/we estimate it has a value of $_____.

PART 6 OF 6

To encourage others to make commitments to the future, I/we permit my/our name(s) to be listed with other donors. *Please rest assured that the amount of your gift(s) will remain strictly confidential.*

Name(s) as it is to be printed in listing: _____

- ☐ I/we wish to remain anonymous at this time.
- ☐ Please have a Jewish Foundation of Greater New Haven professional contact me/us for a confidential conversation regarding my/our legacy gift.

I/we understand that my/our commitment is not a legal obligation and can be changed at my/our discretion.

Donor Signature _____ Date _____

Donor Signature _____ Date _____

For more information, contact the Jewish Foundation of Greater New Haven
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