



Declaration of Intent

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

- Congregation Etz Chaim of DuPage County*
- Akiba-Schechter Jewish Day School*
- Arie Crown Hebrew Day School*
- Bernard Zell Anshe Emet Day School*
- Beth Emet The Free Synagogue*
- Congregation Beth Shalom*
- Ida Crown Jewish Academy*
- Jewish Community Centers of Chicago (JCC Chicago)*
- Jewish Women's Foundation of Metropolitan Chicago*
- Maot Chitim of Greater Chicago*
- SHALVA*
- Sinai Health System*
- Temple Beth-El*
- Temple Chai*
- Temple Sholom of Chicago*
- Jewish United Fund/Jewish Federation of Metropolitan Chicago*
- Other*

Please return this Commitment form to the community partner organization named above, or mail to the Jewish United Fund/ Jewish Federation of Metropolitan Chicago, 30 S. Wells St., Chicago, IL 60606, to the attention of Naomi Shapiro.

In keeping with Jewish tradition, I/we wish to share my/our blessing with others. Therefore, I/we make this Declaration of Intent to help provide for the Jewish community of tomorrow.

- I/we intend to Create a Jewish Legacy and will formalize my/or gift within ___ months.
- I/we have already done so but haven't shared the information with the benefiting Jewish Organizations.

My/Our legacy gift in the approximate amount of \$ _____ was completed through (check one):

- | | |
|-------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Bequest/Will | <input type="checkbox"/> Real Estate or Business Interest |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Retirement Plan Assets (IRA) | <input type="checkbox"/> Donor Advised Fund |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Other _____ |

DATE

PRINT NAME

SIGNATURE

NAME(S) FOR FORMAL RECOGNITION

- I/we would like my/our gift to remain anonymous at this time.

ADDRESS

CITY, STATE, ZIP

HOME PHONE

CELL PHONE

EMAIL

- You have my/our permission to share my/our legacy commitment with the designated organizations.