



# Letter of Intent

## Donor Information

Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

I/We prefer to be contacted (check one)     Email     Phone     Text     Postal mail

## Commitment

Today I/We make a/our commitment and will legally formalize it within the next \_\_\_\_\_ months (12 or less)

I/We have already committed to a legacy gift and it is legally documented

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Organization(s)

Legacy gifts will be placed into an endowment fund at the Jewish Federation by the selected organization(s)

- Barrack Hebrew Academy
- Beth Chaim Reform Congregation
- Chabad of Bucks County
- JEVS
- Jewish Federation of Greater Philadelphia
- KleinLife
- Kosloff Torah Academy
- Maccabi USA
- Main Line Reform Temple
- Shir Ami
- Temple Beth Hillel Beth El
- Temple Beth Zion Beth Israel
- Temple Sinai
- Other: \_\_\_\_\_

### Gift Information — Optional

- Gift in Will or Trust
- Beneficiary of Retirement Plan
- Beneficiary of Life Insurance Policy
- Cash Endowment Gift
- Gift that provides lifetime income  
*(Charitable Gift Annuity or Charitable Remainder Trust)*
- Other: \_\_\_\_\_

The value of my gift will be \$\_\_\_\_\_ or \_\_\_\_\_%

### Permission to List Name(s)

To encourage others to make commitments for the future, I/we permit my name to be listed as follows:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I/We wish to remain anonymous at this time

*This commitment does not create a legal obligation and may be modified by the donor(s) at any time*

## Contact Information

**PLEASE COMPLETE AND RETURN THIS FORM TO:**

**Lynne Balaban, Executive Director, 215.735.5148 x102 lbalaban@bzbi.org**