

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

- Temple Shaarei Shalom**
- Alpert Jewish Family & Children’s Services
- Chabad of South Palm Beach
- Friedman Commission for Jewish Education
- Jewish Federation of Palm Beach County
- Mandel Jewish Community Center
- Temple Beth David
- Temple Beth El
- Temple Israel of West Palm Beach
- Temple Judea of Palm Beach County

Affiliate Partners:

- Arthur I. Meyer Jewish Academy
- MorseLife Health System
- Palm Beach Synagogue

Please return this Letter of Intent to:
Temple Shaarei Shalom

or contact the Jewish Community Foundation at
(561) 242-6639

LETTER OF INTENT

In keeping with the Jewish tradition, I/we submit this Letter of Intent to help ensure the future of the Jewish Community.

- I/We intend to create a legacy gift and will formalize my/our gift within _____ months (maximum of six).
- I/We have already created a legacy gift, but until now have not shared this information with the benefiting Jewish organization(s).

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

- | | |
|---|--|
| <input type="radio"/> Bequest/Will | <input type="radio"/> Retirement Plan Assets |
| <input type="radio"/> Charitable Trust | <input type="radio"/> Outright Gift/Appreciated Assets or Cash |
| <input type="radio"/> Life Insurance Policy | <input type="radio"/> Other _____ |

Please check all that apply:

- I/We understand that this **commitment is revocable and may be modified at my/our discretion**. I/We endeavor to notify the recipient organization(s) accordingly.
- I/We understand that you will inform the **additional designated organization(s)** of this gift.
- I/We would like to remain **anonymous** at this time.
- You have my permission to **recognize me/us publicly in all LIFE & LEGACY™ marketing materials** (without disclosing gift details).

Donor Name/Date of Birth

Donor Name/Date of Birth

Name(s) for Formal Recognition (e.g. Ruth and Samuel Donor, Ms. Ruth Donor)

Street Address

City, State, Zip

Home Phone

Mobile Phone

Email

Donor Signature

Date

Donor Signature

Date