



Declaration of Commitment

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

Check one:

- I/We intend to create a legacy gift and will formalize my/our gift within _____ months (maximum of 6 months).
- I/We have already created a legacy gift but have not shared this information with the benefiting Jewish organization(s) until now.

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

- Last Will & Testament/Living Trust
- IRA/other Retirement Plan
- Life Insurance Policy
- Established Fund at the Foundation of CJP
- Real Estate or Business Interest
- Other: _____

I/We choose the following Life & Legacy® Community Partner Organization(s) to benefit from my/our gift:

- Hillel at ASU**
- Arizona Jewish Historical Society**
- Beth El Phoenix**
- Beth Joseph Congregation**
- Bureau of Jewish Education**
- Center for Jewish Philanthropy**
- Congregation Or Tzion**
- East Valley Jewish Community Center**
- Gesher Disability Resources**
- Jewish Community of Sedona and the Verde Valley Synagogue**
- Jewish Family & Children's Service**
- Jewish Free Loan**
- Minkoff Center for Jewish Genetics**
- National Council of Jewish Women Arizona**
- Pardes Jewish Day School**
- PJ Library**
- Temple Chai**
- Temple Emanuel of Tempe**
- Temple Kol Ami**
- Valley Beit Midrash**
- Valley of the Sun Jewish Community Center**
- Yeshiva High School of Arizona**

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 the **additional designated organization(s)** I/we choose to support will be notified of my/our 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).
- I/we would like to learn more about **completing my/our page in the Endowment Book of Life**.



Donor Name/Date of Birth

Donor Name/Date of Birth

Names for Formal Recognition (unless otherwise notes, we list couples as Wife & Husband Last Name)

Street Address

City, State ZIP

Best Phone Number

Phone Type (home/work/cell)

Email

Donor Signature

Date

Donor Signature

Date

Before returning this form, please print, sign & date it.

Return it to either:

Debbie Yunker Kail, Executive Director

Hillel at ASU

1012 S. Mill Ave

Tempe, AZ 85281

480.967.7563

debbie@hillelasu.org

Rachel Rabinovich, *Life & Legacy Program Director*
Center for Jewish Philanthropy of Greater Phoenix

12701 N. Scottsdale Road, Scottsdale, AZ 85254

480.481.1785

lifeandlegacy@phoenixcjp.org

Please use this space to provide any additional details about your legacy gift (designating your gift to a specific area, how much each organization will receive, etc.)

Thank you for ensuring Jewish tomorrows in our community!