

# DECLARATION OF INTENT



- In honor of my/our values and traditions, I/we declare my/our intent to help provide for the future needs of the Jewish Community of Broward County for generations to come. Today, I/we make our commitment and will legally formalize it within the next \_\_\_ month(s) (12 or less)
- I/We have already committed to a legacy gift and it is legally documented

## Donor Information

Salutation (circle one) Mr./Mrs./Ms./Miss/Dr./Prof./Rabbi/Other \_\_\_\_\_ Date \_\_\_\_\_

Donor (1) Name \_\_\_\_\_ DOB (m/d/yr) \_\_\_\_\_

Donor (2) Name \_\_\_\_\_ DOB (m/d/yr) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**I/We prefer to be contacted by (check one):**  Email  Phone  Text  Postal Mail

To encourage others to make commitments to the future, I/we give permission for my/our name to be listed. My/Our name(s) should appear as \_\_\_\_\_.

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

**With a permanent endowment gift established through a:**

- Gift in Will  Gift in Trust  Retirement Account  Life Insurance Policy  Cash
- Assets: real estate, business interest  Gifts that produce lifetime income
- Stocks: gifts that produce income to heirs  Other \_\_\_\_\_

The approximate value of my/our commitment will be \$ \_\_\_\_\_ or \_\_\_\_\_%.

I/We understand this legacy gift will be held in a permanent fund for the benefit of the organizations selected.

**The following named organizations are participating in the Life & Legacy program. They have made a commitment to work and learn together for the future of the community. I/We wish to share my/our legacy with the following organizations:**

- |  |   |   |
|--|---|---|
| <input type="radio"/> B'nai Aviv                                   | <input type="radio"/> Jewish Federation of Broward County | <input type="radio"/> Temple Beth Torah Sha'aray Tzedek |
| <input type="radio"/> Chabad Jewish Center                         | <input type="radio"/> Las Olas Chabad Jewish Center       | <input type="radio"/> Temple Dor Dorim                  |
| <input type="radio"/> Congregation Kol Tikvah                      | <input type="radio"/> Pembroke Pines Jewish Center        | <input type="radio"/> Temple Kol Ami Emanu-El           |
| <input type="radio"/> David Posnack Jewish Community Center        | <input type="radio"/> Temple Bat Yam                      | <input type="radio"/> Young Israel of Hollywood         |
| <input type="radio"/> Holocaust Documentation and Education Center | <input type="radio"/> Temple Beth Emet                    | <input type="radio"/> Other _____                       |

**I understand this declaration of intent is not a legal obligation and may be changed at my discretion at any time.**

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

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

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

### Please return this form to:

Jewish Federation of Broward County  
5890 South Pine Island Road, Davie, Florida 33328  
Attn: Judy Levenson

### For questions please contact:

Judy Levenson, Director, Life & Legacy  
954.660.2076  
jlevenson@jewishbroward.org or visit jewishbroward.org