

Make Your Legacy a Vibrant Jewish Tomorrow

Letter of Intent

In honor of my/our values and traditions, I/we declare my/our commitment to help sustain Columbus's Jewish organizations and synagogues for generations to come.

PLEASE CHOOSE ONE:

I/We have already made a legacy gift provision in my/our estate plan.

OR

I/We will make a legacy gift provision in my/our estate plan within the next months.
6 9 12
(check one)

Donor Name(s) _____
Address _____
Phone(s) _____
Email(s) _____
Date(s) of Birth _____

I/WE INTEND TO MAKE MY/OUR GIFT TO THE JEWISH COMMUNITY THROUGH:

- Gift in your Will or Trust
- Retirement Funds
- Life Insurance Policy
- Cash
- Assets: Securities, Real Estate, Other
- Other (please specify) _____

The following community organizations have been/will be included in my/our legacy plans:

- | | % or
Amount
(Optional) |
|---|------------------------------|
| <input type="checkbox"/> Beth Jacob Congregation | _____ |
| <input type="checkbox"/> Chabad Columbus | _____ |
| <input type="checkbox"/> Columbus Jewish Day School | _____ |
| <input type="checkbox"/> Columbus Jewish Historical Society | _____ |
| <input type="checkbox"/> Columbus Torah Academy | _____ |
| <input type="checkbox"/> Congregation Agudas Achim | _____ |
| <input type="checkbox"/> Congregation Ahavas Sholom | _____ |
| <input type="checkbox"/> Congregation Beth Tikvah | _____ |
| <input type="checkbox"/> Congregation Tifereth Israel | _____ |
| <input type="checkbox"/> Congregation Torat Emet | _____ |
| <input type="checkbox"/> JewishColumbus | _____ |
| <input type="checkbox"/> JCC of Greater Columbus | _____ |
| <input type="checkbox"/> Jewish Family Services | _____ |
| <input type="checkbox"/> Kehilat Sukkat Shalom | _____ |
| <input type="checkbox"/> Ohio State Hillel | _____ |
| <input type="checkbox"/> Temple Beth Shalom | _____ |
| <input type="checkbox"/> Temple Israel | _____ |
| <input type="checkbox"/> Wexner Heritage Village | _____ |
| <input type="checkbox"/> Other _____ | _____ |

I/We give permission to include my/our name(s) on a legacy donor list to inspire and encourage others to join us.

My/our names should appear as follows: _____

I/We prefer to remain anonymous at this time.

Donor Signature(s) _____ Date _____

Contacted by _____

This commitment is not a legal obligation and may be modified at donor discretion.

Please return completed and signed form to a LIFE & LEGACY organization or
Bobby Covitz, JewishColumbus, 1175 College Ave, Columbus, OH 43209