



# Declaration of Intent

In keeping with Jewish tradition, I/We wish to share my/our blessings with others. Therefore, I/We declare my/our intent to provide for the Jewish community of tomorrow.

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

- Beth Tikvah Synagogue**
- Clark University Hillel**
- Congregation Beth Israel**
- Congregation B'nai Shalom**
- Congregation Shaarai Torah West**
- Jewish Family & Children's Service**
- Jewish Federation of Central Mass**
- Jewish Healthcare Center**
- Temple Emanuel Sinai**
- Temple Israel**
- Worcester JCC**
- Other** \_\_\_\_\_

- I/We have already made arrangements for a legacy gift, but until now have not shared this information with the benefiting Jewish organization(s).
- I/We intend to leave a legacy and will formalize my/our gift within \_\_\_\_\_ months (not greater than 12 months).

## Optional

My/our legacy gift will be/was completed through (check one)

- Bequest/Will**
- Life Insurance**
- Retirement Plan Assets/IRA**
- Real Estate**
- Charitable Gift Annuity**
- Charitable Trust**
- Other** \_\_\_\_\_
- I/We intend to leave \$ \_\_\_\_\_ or \_\_\_\_\_ % of my/our estate/inheritable assets.

\_\_\_\_\_ print name (s)

\_\_\_\_\_ date(s) of birth

\_\_\_\_\_ address

\_\_\_\_\_ city, state, zip

\_\_\_\_\_ home phone

\_\_\_\_\_ mobile phone

\_\_\_\_\_ email(s)

\_\_\_\_\_ signature(s)

Please return this form to the community partner organization named above or mail it to the Jewish Federation of Central Massachusetts, 633 Salisbury Street, Worcester MA 01609 to the attention of Leah Shuldiner, LIFE & LEGACY Program Coordinator.

## Privacy Statement:

- To inspire and encourage others, I/we permit my/our name(s) to be included in a community-wide list of LIFE & LEGACY donors.

\_\_\_\_\_ recognition name

- I/We prefer to remain anonymous.

