



Jewish Federation
OF CLEVELAND
HERE FOR GOOD

**Life &
Legacy**
ASSURE JEWISH
TOMORROWS

Letter of Intent

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OUR PROMISE

In keeping with Jewish tradition and an abiding commitment to my/our community, I/we wish to share my/our legacy with others. I/We sign this declaration in order to provide for future generations and assure continuity of services and programs in Jewish Cleveland.

PLEASE CHOOSE ONE

- ☐ I/We have already included a legacy gift in my/our will or estate plan.
- ☐ I/We will make a legacy gift and will formalize my/our gift within _____ months (maximum 1 year).

Donor Name(s) _____

Phone number(s) _____

Address _____

Email(s) _____

Birthdate(s) _____

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

- | | |
|--|---|
| <input type="radio"/> Bellefaire JCB | <input type="radio"/> Jewish Federation of Cleveland |
| <input type="radio"/> Cleveland Hillel | <input type="radio"/> Joseph and Florence Mandel Jewish Day School, formerly Agnon School |
| <input type="radio"/> Fuchs Mizrahi School | <input type="radio"/> Maltz Museum |
| <input type="radio"/> Gross Schechter Day School | <input type="radio"/> Mandel Jewish Community Center |
| <input type="radio"/> Hebrew Academy of Cleveland | <input type="radio"/> Yeshiva Derech Hatorah |
| <input type="radio"/> Hillel at Kent State University | <input type="radio"/> My synagogue: _____ |
| <input type="radio"/> Jewish Education Center of Cleveland | <input type="radio"/> Other: _____ |
| <input type="radio"/> Jewish Family Service Association | |

- ☐ Please share my/our intention to leave a legacy gift with all selected organizations.

I/We understand that this legacy gift will be placed in a permanent endowment for the benefit of the organizations selected.



OPTIONAL

My/our gift to the Jewish community will be completed through:

- ☐ Gift in Will ☐ Gift from Retirement Plan Assets ☐ Gift of Life Insurance
☐ Other (please specify) _____

The approximate value of my/our gift will be \$ _____
or _____% of my/our estate.

PLEASE CHOOSE ONE

- ☐ I/We give permission to be recognized as a Legacy donor to inspire and encourage others.

My/Our name(s) should appear as follows _____

- ☐ I/We prefer to remain anonymous.

Donor Signature(s) _____ Date _____

This letter of intent is not a legal obligation and may be changed at donor's discretion.

Please complete and return this form to any of the listed community organizations or to:

Lisa Hacker, Life & Legacy® Coordinator

Jewish Federation of Cleveland

25701 Science Park Drive, Cleveland, OH 44122

216-593-2900, ext. 397

lhacker@jewishcleveland.org

