

In keeping with Jewish tradition, I/we wish to share my/our blessings with others. Therefore, I/we make this declaration of commitment to help provide for the needs of tomorrow.

- ☐ **I/we have already made a legacy provision in my/our estate plan.**
- ☐ **I/we intend to create a legacy within 6 / 9 / 12 months of signing this declaration.** (circle one)

Donor Signature _____ Date _____

Donor Signature _____ Date _____

PLEASE PRINT

Name _____ DOB: _____

Name _____ DOB: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Please identify the vehicle(s) through which you have or plan to create your legacy gift (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Gift in Will | <input type="checkbox"/> Donor Advised Fund | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Gift in Trust | <input type="checkbox"/> Retirement Assets | <input type="checkbox"/> Assets: Real Estate, Securities, other property |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Cash | <input type="checkbox"/> Other (please specify) _____ |

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

I/we understand that this legacy gift will be placed in a permanent Endowment fund by the organization(s) selected.

The following named organizations are participating in the LIFE & LEGACY program. They have made a commitment to work and learn together as part of the formal program offered by TOP.

Please check the organization(s) that will benefit from your legacy gift.

- | | |
|--|---|
| <input type="checkbox"/> Congregation Ohev Shalom | <input type="checkbox"/> Orlando Torah Academy |
| <input type="checkbox"/> Jewish Academy of Orlando | <input type="checkbox"/> The Roth Family Jewish Community Center of Greater Orlando |
| <input type="checkbox"/> Jewish Family Services of Greater Orlando | |
| <input type="checkbox"/> Jewish Federation of Greater Orlando | |
| <input type="checkbox"/> Other (please specify) _____ | |
| <input type="checkbox"/> Other (please specify) _____ | |

☐ To encourage others to make a commitment to the future, I/we permit my/our name(s) to be listed with other donors. Name(s) as it is to be printed in listing: _____

☐ I/we wish to remain anonymous at this time.