

# LETTER OF INTENT

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In the tradition of those who came before me, I affirm that I have either already provided for the future needs of the Jewish community through a legacy gift, or I intend to do so in the manner described. While not a legal document, this Letter of Intent indicates my heartfelt promise that my will or estate plan will include instructions to provide for the support of Jewish charitable causes that are important to me, with additional designations as noted. By creating my Jewish legacy, I will be leaving my imprint on our community

For generations to come.



Please return to:

**Create a Jewish Legacy**

**Jewish Foundation of Greater New Haven**

360 Amity Road, Woodbridge, CT 06525

Attention: Lisa Stanger

Telephone: 203.387.2424, ext. 382

[lstanger@jewishnewhaven.org](mailto:lstanger@jewishnewhaven.org)

[www.newhavenjewishfoundation.org](http://www.newhavenjewishfoundation.org)

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In the tradition of our faith, I/we inform \_\_\_\_\_  
(Synagogue/Organization) that I/we have made a provision for a legacy  
gift or will make a legacy gift within \_\_\_\_\_ months of signing  
this commitment.

My/our legacy gift in the approximate amount of (optional) \$ \_\_\_\_\_  
or percentage of \_\_\_\_\_ to \_\_\_\_\_ was completed/  
will be completed through (check one):

- Bequest/Will
- Life Insurance
- Retirement Plan Assets (IRA)
- Charitable Trust or Annuity
- Current endowment gift of cash or stock
- Real Estate or Business Interest
- Other \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDITIONAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME(S) FOR FORMAL RECOGNITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

- You have my/our permission to share my/our legacy commitment
- I/we would like my/our gift to remain anonymous at this time.
- Please have a Jewish Foundation of Greater New Haven professional  
contact me/us for a confidential conversation regarding my/our legacy gift.

I/we understand that this commitment does not create a legal obligation  
and may be modified at my/our discretion.

DONOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL  
DONOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_