



Jewish Federation
OF ATLANTIC & CAPE MAY COUNTIES



THE JEWISH COMMUNITY
FOUNDATION
OF ATLANTIC AND CAPE MAY COUNTIES

Helping futures grow



LIFE & LEGACY
Assuring JEWISH TOMORROWS

A program of the HAROLD GRINSPOON FOUNDATION

Declaration of Intent

It is with deep satisfaction, an abiding commitment to Jewish community, and in honor of my/our values and traditions that I/we sign this Declaration of Intent to provide for the future needs of the Jewish community of Atlantic and Cape May counties, and the organizations that matter to me/us most, so future generations will be assured continuity of services and programs through my/our legacy gift

DONOR ONE

FULL NAME _____

DATE OF BIRTH _____

E-MAIL _____

TEL _____ CELL _____

HOME ADDRESS: _____

DONOR TWO

FULL NAME _____

DATE OF BIRTH _____

E-MAIL _____

TEL _____ CELL _____

I/we have already made a legacy provision to the Jewish community in my/our estate plan, and will share this provision with LIFE & LEGACY™ to be included as Legacy Society members

I/we intend to create a Jewish Legacy to benefit future generations, and intend to formalize this within ____* months of signing this Declaration with one or more of (please check applicable):

- Gift in Will or Trust
- Life Insurance
- Life Income Vehicle
- Retirement Plan Assets
- Real Estate, Securities, other property
- To be determined
- Other (please specify) _____

* Please indicate no more than 12 months

The organizations listed below are participating in LIFE & LEGACY™, qualifying them to receive incentive grants and other benefits

I/we want the organizations indicated below to benefit from my/our legacy gift:

- Avoda
- Beron JOAS
- Beth Israel
- Board of Jewish Education
- Jewish Community Foundation
- Jewish Family Service
- Jewish Federation
- Milton & Betty Katz JCC
- Seashore Gardens Living Center
- Shirat Hayam
- Other organization(s) _____

Please complete other side...

Declaration of Intent

The approximate value of my/our commitment will be \$ _____ or _____ % of my/our estate, life insurance, or retirement fund

I/we understand that this Declaration of Intent is not a legal obligation, and may be changed at any time until formalized

To encourage other members of our Jewish community to leave a legacy, I/we authorize my/our name to be listed as:

I/we would prefer our legacy intent remain anonymous at this time

Donor Signature(s) _____

Date _____ Name of Team Member _____

PLEASE COMPLETE & RETURN TO A LIFE & LEGACY™ PARTICIPATING ORGANIZATION, OR TO:

Roberta S. Clark, Executive Director
Jewish Community Foundation
501 N Jerome Avenue
MARGATE NJ 08402
roberta@jewishbytheshore.org
(609) 822-4404 ext. 150



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