



Jewish Federation
OF NORTHEASTERN NEW YORK

Northeastern New York Jewish Legacy
LETTER OF INTENT
It's more than a donation. It's your legacy.



Assuring JEWISH TOMORROWS
A program of the HAROLD GRINSPOON FOUNDATION

“As my ancestors planted for me, so do I plant for those who will come after me.” ~Talmud
Accordingly, it is with deep satisfaction that I share that...

- I have already made a legacy provision
- I shall make a legacy provision during the next _____ months (must be 12 or less)

I wish to support the following Northeastern New York institutions: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Sidney Albert Albany Jewish Community Center | <input type="checkbox"/> Hebrew Academy of the Capital District |
| <input type="checkbox"/> Congregation Berith Sholom | <input type="checkbox"/> Jewish Federation of Northeastern New York |
| <input type="checkbox"/> Congregation Beth Abraham-Jacob | <input type="checkbox"/> Robert and Dorothy Ludwig Schenectady Jewish Community Center |
| <input type="checkbox"/> Congregation Beth Emeth | <input type="checkbox"/> Temple Sinai |
| <input type="checkbox"/> Congregation Gates of Heaven | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Congregation Ohav Shalom | |
| <input type="checkbox"/> Daughters of Sarah Senior Community | |

With an endowment gift established through a:

- | | |
|---|---|
| <input type="checkbox"/> Bequest in my will or trust | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Portion of IRA or other retirement plan | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Gift of real estate, securities or other property | <input type="checkbox"/> Donor-Advised Fund beneficiary designation |
| <input type="checkbox"/> Charitable Gift Annuity or other income producing gift | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I wish to establish an endowment now with a current gift of cash or property | |

Amount of Gift – Please choose one of the following two options:

- The approximate value of my/our commitment will be \$ _____ or _____ % of my/our estate.
- I/we prefer to keep the details of this commitment confidential.

Privacy Statement:

To encourage others to make commitments to the future names are listed in printed materials and/or on community organization websites:

- I permit my name to be listed. _____
- I prefer to remain anonymous. *(My name should appear as)*

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

I understand that this letter of intent is not a legal obligation and may be changed at my discretion at any time.

Signed _____ Date _____

Signed _____ Date _____

(Two signatures required for joint gift only)

Contacted by: _____

The Jewish Federation of Northeastern New York's professional staff can assist in creating endowed gifts for any local Jewish organization. Please contact us with any questions or to establish your legacy. Together, we guarantee a Jewish tomorrow.

**Questions? Please contact any legacy partner or Deborah Chapman Goldstein,
Director of Planned Giving & Endowments (518) 783-7800, ext. 230
dgoldstein@jewishfedny.org | www.jewishfedny.org**