

# Make Your Legacy a Vibrant Jewish Tomorrow

## Letter of Intent

In honor of my/our values and traditions, I/we declare my/our commitment to help sustain Columbus's Jewish organizations and synagogues for generations to come.

### PLEASE CHOOSE ONE:

☐ I/We have already made a legacy gift provision in my/our estate plan.

OR

☐ I/We will make a legacy gift provision in my/our estate plan within the next ☐ ☐ ☐ months.  
6 9 12  
(check one)

Donor Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

Date(s) of Birth \_\_\_\_\_

### I/WE INTEND TO MAKE MY/OUR GIFT TO THE JEWISH COMMUNITY THROUGH:

- ☐ Gift in your Will or Trust
- ☐ Retirement Funds
- ☐ Life Insurance Policy
- ☐ Cash
- ☐ Assets: Securities, Real Estate, Other
- ☐ Donor Advised Fund
- ☐ Other (please specify) \_\_\_\_\_

The following community partner organizations have been/will be included in my/our legacy plans:

% or  
Amount  
(Optional)

- ☐ Beth Jacob Congregation \_\_\_\_\_
- ☐ Chabad Columbus \_\_\_\_\_
- ☐ Columbus Jewish Day School \_\_\_\_\_
- ☐ Columbus Torah Academy \_\_\_\_\_
- ☐ Congregation Agudas Achim \_\_\_\_\_
- ☐ Congregation Beth Tikvah \_\_\_\_\_
- ☐ Congregation Tifereth Israel \_\_\_\_\_
- ☐ Congregation Torat Emet \_\_\_\_\_
- ☐ JewishColumbus \_\_\_\_\_
- ☐ JCC of Greater Columbus \_\_\_\_\_
- ☐ Jewish Family Services \_\_\_\_\_
- ☐ Ohio State Hillel \_\_\_\_\_
- ☐ Temple Beth Shalom \_\_\_\_\_
- ☐ Temple Israel \_\_\_\_\_
- ☐ Wexner Heritage Village \_\_\_\_\_

### Additional Partners

- ☐ Columbus Jewish Historical Society \_\_\_\_\_
- ☐ Congregation Ahavas Sholom \_\_\_\_\_
- ☐ Kehilat Sukkat Shalom \_\_\_\_\_

☐ I/We give permission to include my/our name(s) on a legacy donor list to inspire and encourage others to join us.

My/our names should appear as follows: \_\_\_\_\_

☐ I/We prefer to remain anonymous at this time.

Donor Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Contacted by \_\_\_\_\_

*This commitment is not a legal obligation and may be modified at donor discretion.*

Please send completed and signed form to:

Esther Kaltmann, The Lori Schottenstein Chabad Center, 6220 East Dublin Granville Road, New Albany, OH 43054-9381

POWERED BY

**JEWISHCOLUMBUS**

