## **Declaration of Intent**

attention of Tamar Wolf.





It is my/our desire that the following community partner organization(s) benefit from my/our gift:	In keeping with Jewish tradition, I/we wish to share my/our blessing with others. Therefore, I/we make this Declaration of Intent to help provide for the Jewish community of tomorrow.	
☐ Akiba-Schechter Jewish Day School	<ul> <li>□ I/we intend to Create a Jewish Legacy and will formalize my/or gift within months.</li> <li>□ I/we have already done so but haven't shared the information with the benefiting Jewish Organizations.</li> </ul>	
☐ Am Yisrael Conservative Congregation		
☐ Arie Crown Hebrew Day School		
☐ Bernard Zell Anshe Emet Day School		
☐ Beth Emet The Free Synagogue		
☐ Chicago Jewish Day School		
☐ Chicago Sinai Congregation	My/Our legacy gift in the approximate amount of \$was completed through (check one):	
☐ CJE SeniorLife		
☐ Congregation Beth Shalom	☐ Bequest/Will	☐ Real Estate or Business Interest
☐ Congregation Etz Chaim of DuPage County	☐ Life Insurance	☐ Charitable Gift Annuity
☐ Hebrew Theological College	☐ Retirement Plan Assets (IRA)	☐ Donor Advised Fund
☐ Hillel Torah North Suburban Day School	Charitable Remainder Trust	☐ Other
☐ Ida Crown Jewish Academy		
☐ Jewish Child & Family Services		
☐ Jewish Community Centers of Chicago (JCC Chicago)	DATE	
☐ Jewish Women's Foundation of Metropolitan Chicago		
☐ Maot Chitim of Greater Chicago	PRINT NAME	SIGNATURE
☐ North Shore Congregation Israel		
🗖 North Suburban Synagogue Beth El	NAME(S) FOR FORMAL RECOGNITION	
□ SHALVA	☐ I/we would like my/our gift to remain anonymous at this time.	
☐ Sinai Health System		
☐ Solomon Schechter Day School of Metropolitan Chicago	ADDRESS	
☐ Temple Beth-El	CITY, STATE, ZIP	
☐ Temple Chai	CITT, STATE, ZIF	
☐ Temple Jeremiah		
☐ Temple Sholom of Chicago	HOME PHONE	CELL PHONE
Please return this Commitment form to the community partner organization named above, or mail to the Jewish United Fund/ Jewish Federation of Metropolitan Chicago,	EMAIL	1 / 1
30 S. Wells St., Chicago, IL 60606, to the	☐ You have my/our permission to	o share my/our legacy commitment

with the designated organizations.