



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



**“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)**

- Sidney Albert Albany Jewish Community Center
- Congregation Berith Sholom
- Congregation Beth Abraham-Jacob
- Congregation Beth Emeth
- Congregation Gates of Heaven
- Congregation Ohav Shalom
- Daughters of Sarah Senior Community
- Hebrew Academy of the Capital District
- Jewish Federation of Northeastern New York
- Robert and Dorothy Ludwig Schenectady Jewish Community Center
- Temple Sinai
- Other \_\_\_\_\_

**With an endowment gift established through a:**

- Bequest in my will or trust
- Portion of IRA or other retirement plan
- Gift of real estate, securities or other property
- Charitable Gift Annuity or other income producing gift
- I wish to establish an endowment now with a current gift of cash or property
- Portion of Life Insurance Policy
- Charitable Remainder Trust
- Donor-Advised Fund beneficiary designation
- Other \_\_\_\_\_

**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.*