



Rockland County Jewish Legacy

Letter of Intent



*“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/We share that. . .*

- I/We have already made a provision in my/our estate plan
- I/We shall make a provision in my/our estate plan within the next _____ months (must be 12 or less)

To create a legacy by supporting the following Rockland County institutions (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Beth Am Temple | <input type="checkbox"/> Nanuet Hebrew Center |
| <input type="checkbox"/> Congregation Sons of Israel, Nyack | <input type="checkbox"/> New City Jewish Center |
| <input type="checkbox"/> Hillel of Rockland | <input type="checkbox"/> Orangetown Jewish Center |
| <input type="checkbox"/> Holocaust Museum & Center for Tolerance and Education | <input type="checkbox"/> Rockland Jewish Family Service |
| <input type="checkbox"/> JCC Rockland and/or Jewish Community Campus | <input type="checkbox"/> Temple Beth Sholom |
| <input type="checkbox"/> Jewish Federation and Foundation of Rockland County | <input type="checkbox"/> The Reform Temple of Rockland |
| <input type="checkbox"/> Montebello Jewish Center | <input type="checkbox"/> Other _____ |

With a legacy gift in the approximate amount of _____ (\$ or % value) established through (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> A gift in will | <input type="checkbox"/> Cash gift |
| <input type="checkbox"/> A gift in trust | <input type="checkbox"/> Real estate, business interest and/or stock assets |
| <input type="checkbox"/> Retirement account | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Life insurance policy | |
| <input type="checkbox"/> I/We prefer to keep the details of this section confidential | |

Permission:

- To encourage others to make commitments to the future, I/we permit my/our name to be listed with other donors as follows: _____
- I/We prefer to remain anonymous

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

This letter of intent is not a legal obligation and may be changed at my discretion at any time

Signed _____ Date _____ Birthdate _____

Signed _____ Date _____ Birthdate _____

Contacted by (name & organization): _____

Please return this Letter of Intent to the organization named above or to Barry Kanarek, Jewish Federation & Foundation of Rockland County, 450 West Nyack Road, West Nyack NY 10994. If you have questions, contact Barry at (845) 362-4200 ext 170 or bkanarek@jewishrockland.org .