

LETTER OF INTENT

Creating a Jewish legacy confirms my commitment to support the Jewish organizations that have been important in my life and will ensure their strength for future generations.



THE JEWISH
COMMUNITY
FOUNDATION
OF MONTREAL

Where smart philanthropy starts



A program of the HAROLD GRINSPOON FOUNDATION

PART 1 OF 6

Name(s) _____ Birthdate(s) _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

PART 2 OF 6

- I/we have already included a legacy gift for the Jewish community in my/our estate plan.
- I/we shall make a provision in my/our estate plan within the next 3 6 9 12 months (please circle one).

PART 3 OF 6

The following named organizations are participating in the LIFE & LEGACY program. They have made a commitment to work and learn together for the future of our community.

I/we wish to share my/our legacy with the following organization(s):

- | | |
|--|---|
| <input type="checkbox"/> Auberge Shalom pour femmes | <input type="checkbox"/> Les Écoles Azrieli Talmud Torah Herzliah |
| <input type="checkbox"/> Camp B'nai Brith | <input type="checkbox"/> Shaare Zedek Congregation |
| <input type="checkbox"/> Congregation Beth Tikvah | <input type="checkbox"/> Shaare Zion Congregation |
| <input type="checkbox"/> Congregation Dorshei Emet | <input type="checkbox"/> Temple Emanu-El-Beth Sholom |
| <input type="checkbox"/> Congregation Shaar Hashomayim | <input type="checkbox"/> The Segal Centre for Performing Arts |
| <input type="checkbox"/> École Akiva School | <input type="checkbox"/> YMYW-HA |
| <input type="checkbox"/> Friendship Circle of Montreal | <input type="checkbox"/> Federation CJA |
| <input type="checkbox"/> Hebrew Foundation School | <input type="checkbox"/> Other organizations: _____ |
| <input type="checkbox"/> Jewish Public Library | _____ |

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For more information, contact **Joshua Rubin** at The Jewish Community Foundation of Montreal
514-734-1651 | joshua.rubin@jcfmontreal.org

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PART 4 OF 6

Please identify the vehicle(s) through which you plan to create your legacy gift (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Gift in Will | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Assets: Stocks, Real Estate, etc. |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Other (please specify) _____ |

PART 5 OF 6 - OPTIONAL

My/our commitment will be \$ _____ made through the vehicle(s) denoted above.

OR

My/our commitment will be _____% of my/our estate or life insurance policy (as denoted above). I/we estimate it has a value of \$ _____.

PART 6 OF 6

To encourage others to make commitments to the future, I/we permit my/our name(s) to be listed with other donors. Please rest assured that the amount of your gift(s) will remain strictly confidential.

Name(s) as it is to be printed in listing: _____

I/we wish to remain anonymous at this time.

Donor Signature _____ Date _____

Donor Signature _____ Date _____

I/we understand that this legacy gift will be placed into a permanent endowment fund held by the Jewish Community Foundation of Montreal on behalf of the organization(s) selected on the previous page.

I/we understand that my/our commitment is not a legal obligation and can be changed at my/our discretion.

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