

Rrosner@jewishatlanta.org LIFE & LEGACY Program

Atlanta Jewish Foundation, 1440 Spring St. NW, Atlanta, GA., 30309

## **DECLARATION OF INTENT**

It is with deep satisfaction and an abiding commitment to my/our community that I/we sign this declaration to provide for future generations and assure continuity of services and programs in our Jewish Community.

Please choose one:		The following community partner organizations have been/will be included in my/our legacy plans:	
	I/We have already included a legacy gift for the Jewish		Ahavath Achim Synagogue
	community in my/our estate plan.  OR		Alfred & Adele Davis Academy
	I/We will leave a legacy gift and will formalize my/our gift		Atlanta Jewish Academy
	within months		Atlanta Jewish Film Festival*
Donor Name(s):			Congregation Bet Haverim
			Congregation Beth Shalom
DOR (	2).		Congregation B'nai Torah
DOB (s):			Congregation Etz Chaim
Addres	98:		Congregation Or Hadash*
			Congregation Shearith Israel
			Epstein School
Phone	:		Jewish Family & Career Services
My/our gift to the Jewish community will be completed through a:			Jewish Federation of Greater Atlanta
,	Bequest/Will		Jewish Fertility Foundation
	Retirement Plan Assets:		Jewish Home Life
	(IRA/401k/403(b)/Pension)		Jewish Interest Free Loan Atlanta*
	Gift of Life Insurance		Jewish Women's Fund of Atlanta
	Assets: (Real Estate, Business		Marcus Jewish Community Center of Atlanta*
	Interest, Stocks)		Ramah Darom*
	Donor Advised Fund		Temple Emanu-El
	Other, Cash (please specify)		Temple Kehillat Chaim
	(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Temple Sinai
Optional: The approximate value of my/our promise will \$%			The Breman Museum
* Auditing Partners			Torah Day School of Atlanta
			Other
	I/We give permission to include my/our name(s) to be listed with	n other LIFE	E & LEGACY donors to inspire and encourage
	others. It should appear as follows:		·
	I/We prefer to remain anonymous at this time.		
	Donor Signature:		Date:
	Donor Signature:		Date:
	This declaration of intent is not a legal obligation and may be changed at do.		
	Please complete and return this form to: Rachel Rosner		ATLANTA JEWISH FOUNDATION