

# Make Your Legacy a Vibrant Jewish Tomorrow

# Letter of Intent

In honor of my/our values and traditions, I/we declare my/our commitment to help sustain Columbus's Jewish organizations and synagogues for generations to come.

## PLEASE CHOOSE ONE:

I/We have already made a legacy gift provision in my/our estate plan.

OR

I/We will make a legacy gift provision in my/our estate plan within the next    months.  
6 9 12  
(check one)

Donor Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_  
Email(s) \_\_\_\_\_  
Date(s) of Birth \_\_\_\_\_

## I/WE INTEND TO MAKE MY/OUR GIFT TO THE JEWISH COMMUNITY THROUGH:

- Gift in your Will or Trust
- Retirement Funds
- Life Insurance Policy
- Cash
- Assets: Securities, Real Estate, Other
- Other (please specify) \_\_\_\_\_

The following community organizations have been/will be included in my/our legacy plans:

- |   | % or<br>Amount<br>(Optional) |
|---|------------------------------|
| <input type="checkbox"/> Beth Jacob Congregation            | _____                        |
| <input type="checkbox"/> Chabad Columbus                    | _____                        |
| <input type="checkbox"/> Columbus Jewish Day School         | _____                        |
| <input type="checkbox"/> Columbus Jewish Historical Society | _____                        |
| <input type="checkbox"/> Columbus Torah Academy             | _____                        |
| <input type="checkbox"/> Congregation Agudas Achim          | _____                        |
| <input type="checkbox"/> Congregation Ahavas Sholom         | _____                        |
| <input type="checkbox"/> Congregation Beth Tikvah           | _____                        |
| <input type="checkbox"/> Congregation Tifereth Israel       | _____                        |
| <input type="checkbox"/> Congregation Torat Emet            | _____                        |
| <input type="checkbox"/> JewishColumbus                     | _____                        |
| <input type="checkbox"/> JCC of Greater Columbus            | _____                        |
| <input type="checkbox"/> Jewish Family Services             | _____                        |
| <input type="checkbox"/> Kehilat Sukkat Shalom              | _____                        |
| <input type="checkbox"/> Ohio State Hillel                  | _____                        |
| <input type="checkbox"/> Temple Beth Shalom                 | _____                        |
| <input type="checkbox"/> Temple Israel                      | _____                        |
| <input type="checkbox"/> Wexner Heritage Village            | _____                        |
| <input type="checkbox"/> Other _____                        | _____                        |

I/We give permission to include my/our name(s) on a legacy donor list to inspire and encourage others to join us.

My/our names should appear as follows: \_\_\_\_\_

I/We prefer to remain anonymous at this time.

Donor Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Contacted by \_\_\_\_\_

*This commitment is not a legal obligation and may be modified at donor discretion.*

Please return completed and signed form to a **LIFE & LEGACY** organization or  
Lori Maier Wishne, Senior Foundation Director  
lori@jewishcolumbus.org | JewishColumbus, 1175 College Ave, Columbus, OH 43209