





Declaration of Commitment

In keeping with the Jewish tradition, I/we wish to share my/our blessing with others. Therefore, I/we make this Declaration of Commitment to help provide for the Jewish Community of Greater Phoenix of tomorrow.

Check	cone:				
	I/We intend to create a legacy gift and will formalize my/our gift within months (maximun				
	I/We have already created a legacy gift, but until now have not shared this information with the benefiting Jewis organization(s).				
	Our legacy gift, in the approximate amount of \$	or_	%, will be	/was completed through	
	Last Will & Testament/Living Trust		Established F	und at the Foundation of CJP	
	IRA/other Retirement Plan		Real Estate o	r Business Interest	
	Life Insurance Policy		Other:		
I/We	choose the following LIFE & LEGACY® Community	Partne	r Organizatio	on(s) to benefit from my/our gift:	
	National Council of Jewish Women AZ		Jewish For	amily & Children's Service	
			Jewish Fi	ree Loan	
			☐ Minkoff	Center for Jewish Genetics	
	Beth Joseph Congregation		Pardes Je	ewish Day School	
			☐ Phoenix	Community Kollel	
	· · · · · · · · · · · · · · · · · · ·		PJ Librar	y	
			☐ Temple (Chai	
			☐ Temple E	manuel of Tempe	
			☐ Temple I	(ol Ami	
			☐ Valley Be	eit Midrash	
	•		□ Valley of	the Sun Jewish Community Center	
			☐ Yeshiva l	High School of Arizona	
lease	check all that apply:				
	I/We understand that this commitment is revocable and may be modified at my/our discretion. I/we endeavor to				
	notify the recipient organization(s) accordingly.				
	I/We understand that the additional designated organization(s) I/we choose to support will be notified of my/our gift				
	I/we would like to remain anonymous at this time.				
	You have my permission to recognize me/us publicly in	narketing materials (without disclosing			
	gift details).				
	I/we would like to learn more about completing my/our page in the Endowment Book of Life.				







Donor Name/Date of Birth	Donor Name/Date of Bi	irth		
Names for Formal Recognition (unless others	wise notes, we list couples as Wife & Husband Last Name	e)		
Street Address	City, State ZIP			
Best Phone Number	Phone Type (home/work/cell)	Email		
Donor Signature	Date			
Donor Signature	Date			
Return Completed Form to either: Jennifer Lehan, Treasurer National Council of Jewish Women A 14747 N. Northsight Blvd, Suite 111-D Scottsdale, AZ 85260				
finance@ncjwaz.org				
	Rachel Rabino	vich, LIFE & LEGACY Program Director Center for Jewish Philanthropy 12701 N. Scottsdale Road Scottsdale, AZ 85254 480.481.1785 lifeandlegacy@phoenixcjp.org		
Please use this space to provide any adeach organization will receive, etc.)	ditional details about your legacy gift (designat	ing your gift to a specific area, how much		