



## LETTER OF INTENT

The following legacy gift confirms my/our commitment to support the Jewish organizations that have been important in my/our life and will enable them to endure and thrive for future generations.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I/We have already committed to a legacy gift and it is legally documented

Today I/We make a/our commitment and will legally formalize it within the next \_\_\_\_\_ months (12 or less)

**I/we wish to support the following Jewish Buffalo institutions or programs with a gift to their permanent endowment: (check all that apply)**

**Buffalo Jewish Federation\***

- Campaign for Jewish Buffalo
- LiNK/Center for Jewish Engagement and Learning
- Holocaust Resource Center
- Jewish Community Relations Council
- Jewish Federation Cemetery Corporation
- Other: \_\_\_\_\_

**Center for Jewish Life\***

- Congregation Shir Shalom\*
- Foundation for Jewish Philanthropies\*
- Hillel of Buffalo\*

**Jewish Community Center\***

- Camp Centerland
- Cultural Arts
- Early Childhood Center
- Jewish Repertory Theatre
- Other: \_\_\_\_\_

**Jewish Discovery Center\***

**Jewish Family Services of WNY\***

**Kadimah Scholars\***

**Temple Beth Tzedek\***

**Temple Beth Zion\***

Other: \_\_\_\_\_

Official participant in LIFE & LEGACY®





**Amount of Gift (optional):**

The approximate value of my/our commitment will be \$ \_\_\_\_\_ or \_\_\_\_\_ % of my/our estate (or other vehicle)

**Privacy Statement—To encourage others to make commitments to the future of Jewish Buffalo, I/we permit:**

All above information on my/our commitment to be shared (name, amount, designations).

Please list my/our name(s) as follows: \_\_\_\_\_

**-OR-** (check all that apply)

My/our name(s) to be listed: \_\_\_\_\_

The amount of my/our gift to be shared

My/our designations (organizations/synagogues) to be shared

None of the above, i.e., I/We wish to remain anonymous

**I understand that this letter of intent is not a legal obligation and may be changed at my discretion at any time.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please return this form to: Foundation for Jewish Philanthropies,  
Attn: LIFE & LEGACY® Program, 2640 North Forest Rd., Suite 200, Getzville, NY 14068**

**Questions? Contact Linda Barat at 716-204-2259 | [Linda@jewishphilanthropies.org](mailto:Linda@jewishphilanthropies.org)**

**The Foundation of Jewish Philanthropies is here to assist you in fulfilling your philanthropic goals.**

