

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

- ☐ **I/we have already made a legacy provision in my/our estate plan.**
- ☐ **I/we intend to create a legacy and will formalize my/our gift within ____ months of signing this declaration.**

PLEASE PRINT

Name(s) _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Email Address _____

It is with deep concern for future generations that I/we intend to create a legacy through (check one or more):

- | | | |
|---|--|---|
| <input type="checkbox"/> Bequest | <input type="checkbox"/> Gift of Real Estate, Securities, other property | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Donor Advised Fund | <input type="checkbox"/> Retirement Plan Assets (IRA) | <input type="checkbox"/> To be determined |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Other (please specify) _____ |

The approximate value of my/our commitment will be \$_____ or _____% of my/our estate.

Please check the organization(s) that will benefit from your legacy gift. Those organizations designated below with a ★ are participating in the formal two-year incentive grant program offered by TOP and have committed to participating in the community-wide endeavor, securing a specific number of commitments, and attending training sessions.

- | | |
|--|---|
| <input type="checkbox"/> Chabad (specify) _____ | <input type="checkbox"/> The Florida Holocaust Museum ★ |
| <input type="checkbox"/> Congregation Beth Am ★ | <input type="checkbox"/> Hillel Academy of Tampa ★ |
| <input type="checkbox"/> Congregation Beth Israel of Sun City Center | <input type="checkbox"/> Hillels of the Florida Suncoast ★ |
| <input type="checkbox"/> Congregation Beth Shalom | <input type="checkbox"/> Or Ahavah |
| <input type="checkbox"/> Congregation Kol Ami | <input type="checkbox"/> TampaBay-Job-Links |
| <input type="checkbox"/> Congregation Rodeph Sholom | <input type="checkbox"/> Tampa Jewish Community Center & Federation |
| <input type="checkbox"/> Congregation Schaarai Zedek | <input type="checkbox"/> Tampa Jewish Family Services ★ |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Other (specify) _____ |

☐ The above intended beneficiaries may be notified of my/our legacy commitment and notified of my/our name(s).

☐ To encourage others to make commitments to the future, I/we permit my/our names to be listed.

Donor Signature _____ Date _____