

By creating my Jewish legacy, I affirm my commitment to support the Jewish community in Nevada by supporting the Jewish organization(s) that have been important to me and my family in our lives. This commitment will help them endure and thrive for generations to come.

My Commitment Recognition

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name(s) for formal recognition: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Mobile: _____

Email Address(es): _____

I will formalize and document my Legacy Gift Plan within _____ months of signing this Letter of Intent.

This Letter of Intent is not a legally binding agreement and I may amend or modify at any time.

Signature _____ Date: _____

Signature _____ Date: _____

Complete this entire form and return it to TEMPLE SINAI LAS VEGAS

and email to legacygift@templesinailv.org

or US mail to 9001 Hillpointe Road Las Vegas, NV 89134

ATTN: LIFE & LEGACY Project Director

You may share my gift intentions with the designated organization(s), but I prefer to remain anonymous at this time.

Legacy Gift Plan

My legacy gift to Nevada's Jewish community will be in the approximate amount of \$ _____ or _____ % of my estate, accomplished through one or more of the following:

- Gift in will or trust
- Beneficiary of IRA or other retirement plan
- Charitable trust or philanthropic fund
- Life insurance policy
- Other: _____
- I prefer to keep my details confidential at this time
- I am still undecided on the details of my gift at this time
- I have already made my Legacy Gift Plan.**

I intend for the following organization(s) to benefit from my legacy gift:

Participating Agencies	% or amount (optional)
<input type="checkbox"/> Congregation P'nai Tikvah	_____
<input type="checkbox"/> Jewish Community Center of Southern Nevada	_____
<input type="checkbox"/> Jewish Family Service Agency	_____
<input type="checkbox"/> Jewish Nevada	_____
<input type="checkbox"/> Midbar Kodesh Temple	_____
<input type="checkbox"/> Temple Sinai, Las Vegas	_____
<input type="checkbox"/> Young Israel Aish	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____