

## JEWISH LEGACY SOCIETY COMMITMENT FORM

The Jewish Legacy Society was established to honor those individuals who are dedicated to securing a strong Jewish community by remembering Chabad of Downtown in their will.

Please indicate the type	pe of gift you would like to	create:
☐ Bequest in My Will	☐ Retirement Account	☐ Gift of Life Insurance
☐ Other:		
☐ I am leaving a perce	ntage of my estate:	
☐ My legacy gift is in t	he amount of:	
☐ I prefer not to disclo	ose my gift amount.	
☐ You may recognize	me as a member of the Jew	rish Legacy Society and permit my name to be
listed to encourage oth	ers. My/Our name should a	ppear as:
☐ I prefer to remain a	nonymous.	
Name:		
Address:		
City:	State:	Zip
Phone:	Email:	
Signature(s)	Date:	