_etter of Intent







Our Promise

In keeping with Jewish tradition and an abiding commitment to my/our community, I/we wish to share my/our legacy with others. I/We sign this declaration in order to provide for future generations and assure continuity of services and programs in Jewish Ottawa.

Please choose one: O I/We have already included a legacy place insurance policy	gift for the Jewish community in m	y/our will, retirement account or
O I/We will leave a legacy gift and will f	ormalize my/our gift within	_ months (maximum 1 year).
Donor Name(s)		
Date(s) of Birth		
Address		
Phone		
Email		
I/We understand that this legacy gift w It is my/our desire that the following co		wment fund by the organizations selected. benefit from our gift:
 Camp B'nai Brith Congregation Machzikei Hadas Hillel Lodge LTC Foundation JET Jewish Family Services Jewish Federation of Ottawa 	 Jewish Memorial Gardens Kehillat Beth Israel Ottawa Jewish Community School Ottawa Torah Centre Chabad 	 Soloway Jewish Community Centre Tamir Temple Israel Torah Day School of Ottawa Other
Optional: My/our gift to the Jewish community wil O Gift in Will O Other (please specify)	rement Plan Assets O Gif	t of Life Insurance
		or%.
Please choose one:	our name(s) in a LIFE & LEGACY hor	nour roll to inspire and encourage others.
Donor Signature(s)		Date

This declaration of intent is not a legal obligation and may be changed at donor's discretion.

Please complete and return this form to the community partner or to:

Micah Garten, Director of Development, The Ottawa Jewish Community Foundation, 21 Nadolny Sachs Private, Ottawa, On., K2A 1R9

Wealth may last a lifetime. A legacy of good deeds last forever.

























