

# DECLARATION OF INTENT



## Please Choose One:

- ☐ I/We have already included a legacy gift for Temple Sinai in my/our estate plans
- ☐ I/We will leave a legacy gift and will formalize my/our gift within \_\_\_\_\_ months

## Donor Name(s):

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## Address:

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

## My/Our gift to Temple Sinai will be completed through a:

- |   |  |
|---|--|
| <input type="checkbox"/> Bequest/Will                                     | <input type="checkbox"/> Assets (real estate, business interest, stocks) |
| <input type="checkbox"/> Retirement Plan Assets (IRA/401K/403(b) Pension) | <input type="checkbox"/> Donor Advised Fund                              |
| <input type="checkbox"/> Gift of Life Insurance                           | <input type="checkbox"/> Other (please specify)                          |

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**Optional:** The approximate value of my/our promise will be \$\_\_\_\_\_ or \_\_\_\_\_%

☐ I/We give permission to our include my/our name(s) to be listed with other Legacy Sinai members to inspire and encourage others. It should appear as follows

☐ I/We prefer to remain anonymous at this time.

**Donor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Donor Signature:** \_\_\_\_\_ **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:

Shelly Dresdner  
sdresdner@templesinaiatlanta.org  
Temple Sinai  
5645 Dupree Dr.  
Sandy Springs, GA 30327