



Legacy Giving Plan Letter of Intent

Donor Information

| | | | |
|-----------|---------------|----------------|--------|
| Name(s): | | Date of Birth: | |
| Address: | | City: | State: |
| Zip Code: | Phone Number: | | |
| Email: | | | |

Commitment

- I/We have already committed to a legacy gift to Sephardic Adventure Camp and it is legally documented.
- Today I/we make a commitment and will legally formalize it within the next _____ months.

Gift Information (Optional)

It is my/our intent to include Sephardic Adventure Camp in my/our estate plans through:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Will | <input type="checkbox"/> Living or Charitable Remainder Trusts | <input type="checkbox"/> Retirement Plan Assets | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Designated Beneficiary of Retirement Account | <input type="checkbox"/> Other: _____ | |

The value of my gift will be \$ _____ or _____ %.

Permission to List

- To encourage others to make commitments to the future, I/we will permit our name to be listed.
- I/We wish to remain anonymous at this time.

Contact Information

PLEASE COMPLETE AND RETURN THIS FORM TO: PO Box 28511, Seattle WA 98118 or
office@sephardicadventurecamp.org

Signature

Date