



Letter of Intent

In keeping with Jewish tradition, I/we wish to share my/our blessings with others. I/we make this legacy gift commitment to help provide for the needs of future generations.

Name of Donor(s):			
Address:			
City: Stat	e: Zip: Home Phone:		
Email:	Cell Phone:	Birthdate:	
Email:	Cell Phone:	Birthdate:	
It is with deep satisfaction that:			
As of (date), I/We intend	to make a provision for a legacy gift during	the next months.	
As of (date), I/We have already made a provision for a legacy gift.			
As of (date), I/We are making a current gift of to the endowment fund(s) of the organizations indicated below.			
With a legacy gift established throug	h a:		
☐ Bequest in will or trust	☐ Beneficiary of	f a life insurance policy	
\square a specific sum in the amount σ	of \$ Gift of real es	tate, securities or other type of asset	
\square percentage of the estate %	Donor-advise	d fund	
\square a contingent remainder	\square To be determ	ined	
☐ Beneficiary of a retirement plan	☐ Other		
\square I/we prefer to keep the details of this commitment confidential.			
I wish to support the following organizations in the Denver/Boulder Jewish communities: (Check all that apply)			
\square Aish of the Rockies	☐ Denver Community Kollel	☐ National Council of Jewish	
☐ ADL Mountain States	\square Denver Jewish Day School	Women Colorado Section	
☐ B'nai Havurah	☐ Har Mishpacha	☐ Rocky Mountain Jewish	
☐ Boulder JCC	☐ Hebrew Educational Alliance	Historical Society	
☐ BMH-BJ Congregation	☐ Hillel Academy of Denver	☐ Rose Community Foundation	
☐ Center for Judaic Studies at the	☐ Hillel of Colorado	☐ Shalom Park	
University of Denver	☐ JCC Denver	☐ Temple Emanuel	
☐ Congregation Beth Evergreen	☐ JEWISHcolorado	☐ Temple Micah	
☐ Congregation Bonai Shalom	☐ Jewish Family Service of Colorado	☐ Temple Sinai	
☐ Congregation Har HaShem	☐ Judaism Your Way	☐ The Jewish Experience ☐ Yeshiva Toras Chaim	
☐ Congregation Rodef Shalom	☐ Kavod Senior Life		
☐ Denver Academy of Torah	☐ Mizel Institute	☐ Other:	

_	iture, I/we permit the above intended beneficiaries and Rose levant materials. I understand that while my name may be listed,
My/Our name(s) should appear as:	
☐ I/We wish to remain anonymous in all materials.	
If you have formalized your legacy commitment, padvisor(s):	provide contact information for your legal/financial
☐ Attorney ☐ CPA ☐ Wealth Advisor	□ Other
Name:	
Address:	
Signature	
Signature of Donor(s):	Date:
Signature of Donor(s):	Date:
This letter of intent is not a legal obligation and can be c	hanged at your discretion.
Please return this document to the community partner of Rose Community Foundation ATTN: Jill Henden 4500 Cherry Creek Drive South, Suite 900 Denver, CO 80246	organization named above or to:

For questions please contact Jill Henden, Director of Nonprofit Funds and Legacy Giving, at ihenden@rcfdenver.org.

Rose Community Foundation works in partnership to strengthen the Denver and Boulder Jewish communities through endowment building and legacy giving. LIFE & LEGACY $^{\text{M}}$ is a program of the Harold Grinspoon Foundation.

Version Approved; September 2025