

Generations Letter of Commitment



Step 1: Information

Name: _____

Name to appear in donor recognition: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Step 2: Current Gift/Pledge

Pledges may be paid over a period of up to five years. Please contact Kathie Rose for a securities pledge or if a longer pledge period is desired.

Total Cash Pledge \$: _____

Amount Enclosed \$: _____

To be paid in payments of \$ _____

Annually Quarterly Other

First Payment to begin on: _____ (MM/YY)

Step 3: Planned Gift

Please check all that apply:

I have already included Kehillat Ma'arav in my estate planning through:

Bequest Charitable Trust

Life Insurance Other (please specify): _____

Retirement Plan: _____

Value \$: _____

(For your planned gift to be counted towards the campaign, KM requires written documentation.)

I am interested in including KM in my will or other estate plans, please contact me.

Step 4: Signature

_____ Date _____

Thank you for your support of Kehillat Ma'arav.

If you have any questions, please contact Kathie Rose, Executive Director, at (310) 829-0566 or kathierose@km-synagogue.org. Your gift is tax deductible as permitted by law.

Please make checks payable to: Kehillat Ma'arav.