



Planned Giving - Statement of Intent
CONFIDENTIAL

Name: _____ Date of Birth _____
Spouse/Partner Name: _____ Date of Birth _____
Address _____ City _____ State _____ Zip Code _____
Cell Phone _____ Home Phone _____ Email _____

Bequest through Will or Living Trust: Named, fixed amount valued at approximately \$ _____
% of estate or individual account valued at \$ _____
Beneficiary of: Retirement Account _____ Investment Account _____
Insurance Policy _____ Bank Account _____
Other (Please describe): _____

Gift Valuation (optional)

Today's total estimated value of my/our future gift to TBS is approximately \$ _____

Designation

- Unrestricted: TBS may use this gift to align with organizational priorities at the time
Other: Please designate to a specific TBS named fund (e.g., security, music, etc.) _____

How may we recognize you?

- I would like my/our gift recognized as _____
I prefer my name and gift to be anonymous.

Other information about your gift:

- I have enclosed a copy of the relevant portion of my will/trust or the beneficiary designation form.
My bequest to TBS depends upon a contingency such as the prior death of a spouse or partner.
My spouse/partner has done the same. TBS will receive the gift upon the death of the second to die.

The signature below confirms my/our gift intention to Temple Beth Shalom of Anne Arundel County (TBS) as outlined above. I/we understand that this intention is non-binding and that future life changes and fluctuations in the market/economy may have an impact on the intended gift value. If this gift is later changed in value or revoked, I intend to inform TBS.

Donor Signature _____ Date _____

Second Donor Signature _____ Date _____

Requested if planned gift is payable to TBS after the passing of both spouse/partners.

Please submit the completed form to development@annapolistemple.org or mail a hard copy to:

Temple Beth Shalom, 1461 B&A Blvd. Arnold, MD 21012