Today, Tomorrow, Together: United for Our Future Statement of Gift Intent



Jewish Endowment Foundation of Louisiana

Name(s):				
Address:				_
City:				
Phone:		NII:		
	support the endowmers			
Please accept my	y/our initial payment o	f: \$		
with a remaining	balance of: \$	to	be paid as fo	llows:
Number of payme	ents			
Paid: ☐ Monthly	v □ Quarterly □ Ani	nually Beginning o	on:	
(Gift reminders will be	mailed to you at the frequen	cy you indicated above.)) MM/	DD/YY
DONOR RECOGNITION:				
☐ Please list my/our na	ame(s) as specified be	elow:		
Name(s):				
(Please print above exactly a John Smith, In honor/memory				Mary K. Smith, The Family
□ I/We wish that our g	ift be treated as an ar	nonymous donatior	٦.	
■ I/We are interested	in naming recognition	l.		
FULFILLMENT OPTIONS:				
Enclosed is my che	ck in the amount of: \$			
☐ Please charge my/	our credit card listed b		nt of: \$ □ Visa	
				001/
		•	n Date:	CCV:
☐ I would like to set u A JEF repre	p a recurring payment sentative will contact yo	3	ccount informa	ation.
■ I/We wish to make a Stock transf	a gift of stock/securitie er instructions are availa			
■ I/We recommend a	grant from my/our Do	onor Advised Fund.	Fund name:	
☐ I/We will make our	gift via a charitable dis	stribution from a ret	irement acco	unt.
□ \$c	of this donation will be	paid by a matching	g gift program	ı at
Donor Signature			_ Date:	
Donor Signature			Date:	