 **Moreshet Ramah (רמה  מורשת**) **Legacy Society**

 **Confidential Statement of Intent**

I/we will make a provision for Camp Ramah in my/our estate plan as a way of ensuring the future strength and vitality of Camp Ramah in the Poconos and its mission to create life-long Jewish connections, one happy camper at a time.

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Name (Please Print) Date of Birth

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Name (Please Print) Date of Birth

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Address City State ZIP

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Telephone Email

**Description of the gift:**

* Bequest in will or trust
* Beneficiary of life insurance policy
* Beneficiary of retirement plan
* Charitable Gift Annuities
* Charitable Remainder Trust
* Real Estate
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Uncertain at this time; TBD

**Publication and Communication**

Camp Ramah in the Poconos periodically publishes a list of Legacy Society Members, unless members request to stay anonymous. Publishing your intention encourages others, by means of your example, to make similar gifts. All details about type or amount of each member’s intention will remain confidential.

* Please list my/our name(s) as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please do not publish my/our name(s) in connection with Camp Ramah’s Legacy Society.

**This statement of intent does not constitute a legally binding pledge or agreement for me or for my estate. It documents my intent, and may be amended at any time.**

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Please return this form to:**

Miryam Seid

Camp Ramah in the Poconos

7 Bala Ave, Suite 103

Bala Cynwyd, PA 19004