

**THE DE GUNZBURG SOCIETY
LETTER OF INTENT**

This form confirms my intent for membership in the de Gunzburg Society. Please return the completed form to:

**ORT America
Attention: Legacy Giving
75 Maiden Lane, 10th Floor
New York, NY 100038
Fax: (212)-674-3057**

- I will include ORT America* in my will or trust.
- I will name ORT America* as a beneficiary of an insurance policy, a pension fund, or a bank account.
- I will make a Life Income Gift naming ORT America* as the remainder in a:
 - Charitable Gift Annuity
 - Charitable Remainder Trust
 - Pooled Income Fund

Gift Description / Amount: _____

Name _____

Address _____

City/State/Zip _____

Telephone _____ Email _____

Signature _____ Date _____

You may () may not () use my name in de Gunzburg Society listings.

My attorney or financial advisor is (Optional):

Name _____ Firm _____

Address _____

City/State/Zip _____

Telephone _____ E-mail _____

This membership enrollment is revocable and nonbinding.

**For more information, please contact
Michele Chaikin, Development Manager, Legacy and Major Gifts
mchaikin@ORTamerica.org or 212-547-9152**

*Or its predecessor organizations, Women's American ORT or American ORT