MOSH LEGACY CIRCLE

www.campmosh.org

In the Jewish tradition of sharing our blessings

I/We take satisfaction in declaring my/our intent to help Camp Moshava provide for the needs of future generations of Jewish children.

- ☐ I/We have made a provision
- ☐ I/We will make a provision to include Camp Moshava as a beneficiary in:
- ☐ A bequest in my/our will
- ☐ A life insurance gift
- ☐ A charitable gift annuity
- ☐ An IRA or pension plan
- ☐ Through a trust fund and/or foundation
- ☐ Gift of real estate, securities or other property
- ☐ Other _____

_____

_____

Name _____

Address _____

City _____

State _____ Zip _____

Phone (home) _____

Phone (Business) _____

Phone (Cell) _____

Email _____

Signature(s) _____ Date _____

Donor Recognition

- ☐ Donor requests anonymity
- ☐ Donor wishes to be acknowledged publicly by Camp Moshava for his or her Legacy commitment.

_____

Print your name(s) exactly as you wish to be acknowledged.

Please mail to:
Camp Moshava, 12320 Parklawn Dr, Suite 211, Rockville, MD 20852
Or email to abby@campmosh.org.