



Legacy Gift Confirmation



I/We, _____, of _____, _____
[Name(s)] (City) (State)

confirm that I/we have legally provided for my/our commitment to the LIFE & LEGACY™ Initiative of the Jewish Community Foundation, Inc. (JCF) to benefit these Southern New Jersey organization(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Adath Emanu-El | <input type="checkbox"/> Jewish Community Relations Council | <input type="checkbox"/> Samost Jewish Family & Children's Service |
| <input type="checkbox"/> Congregation Beth El | <input type="checkbox"/> Jewish Federation of Southern New Jersey | <input type="checkbox"/> Temple Beth Shalom |
| <input type="checkbox"/> Congregation Beth Tikvah | <input type="checkbox"/> Jewish Senior Housing & Healthcare Service | <input type="checkbox"/> Temple Har Zion |
| <input type="checkbox"/> Congregation B'nai Tikvah-Beth Israel | <input type="checkbox"/> Katz JCC | <input type="checkbox"/> Temple Sinai |
| <input type="checkbox"/> Congregation M'kor Shalom | <input type="checkbox"/> Kellman Brown Academy | <input type="checkbox"/> Torah Links of South Jersey |
| <input type="checkbox"/> Congregation Sons of Israel | <input type="checkbox"/> Politz Day School | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Jewish Community Foundation, Inc. | | _____ |
| <input type="checkbox"/> Jewish Community Voice | | _____ |

Donor Signature

Date

Donor Signature

Date

OPTIONAL: The following questions are optional. If you choose to answer these questions, may we share your answers with the beneficiary(-ies) you selected? _____ Yes _____ No

I/we have provided for this gift within my/our estate plan and confirm that I/we have made the appropriate legal arrangements to assure that this will be accomplished prior to or on or about the time of my/our passing. My/our commitment is acknowledged within the following document(s):

- | | |
|---|---|
| <input type="checkbox"/> Bequest in Will | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Beneficiary of a Life Insurance Policy | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Beneficiary of a Retirement Plan | <input type="checkbox"/> Donor Advised Fund |
| <input type="checkbox"/> Cash Endowment Gift | <input type="checkbox"/> Other (please describe): _____ |

I am/we are pleased to be able to support the Southern New Jersey Jewish community through my/our legacy gift. The approximate value of my/our commitment will amount to \$_____ or _____% of my/our estate.

My/our estate attorney: _____ Phone: _____

My/our financial planner: _____ Phone: _____

Other advisor: _____

LIFE & LEGACY is sponsored and presented by the Harold Grinspoon Foundation in conjunction with the JCF, Inc. in Southern New Jersey.

If you have *not* already submitted confirmation of your legacy gift, PLEASE COMPLETE & RETURN THIS FORM TO:

JCF, Inc. • Attn: Mike Staff • 1301 Springdale Rd., Suite 200 • Cherry Hill, NJ 08003

Fax: 856-672-4282 • marketingjcf@jfedsnj.org

The JCF is here to assist you in fulfilling your philanthropic goals.

Please contact us at 856-673-2582, infojcf@jfedsnj.org, or visit www.EndowmentFunds.org for more information.