

**Legacy Gift Confirmation**

**I/We,\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_NJ\_\_\_**

**[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):**

**\_\_\_\_Adath Emanu-El**

**\_\_\_\_Congregation Beth El**

**\_\_\_\_Congregation Beth Tikvah**

**\_\_\_\_Congregation B’nai Tikvah-**

**Beth Israel**

**\_\_\_\_Congregation M’kor Shalom \_\_\_\_Congregation Sons of Israel**

**\_\_\_\_Jewish Community**

**Foundation, Inc.**

**\_\_\_\_Jewish Community Voice**

**\_\_\_\_Jewish Community Relations**

**Council**

**\_\_\_\_Jewish Federation of**

**Southern New Jersey**

**\_\_\_\_Jewish Senior Housing &**

**Healthcare Service**

**\_\_\_\_Katz JCC**

**\_\_\_\_Kellman Brown Academy**

**\_\_\_\_Politz Day School**

**\_\_\_\_Samost Jewish Family &**

**Children’s Service**

**\_\_\_\_Temple Beth Sholom**

**\_\_\_\_Temple Har Zion**

**\_\_\_\_Temple Sinai**

**\_\_\_\_Torah Links of South Jersey**

**\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Donor Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Donor Signature Date**

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***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):

**\_**  Bequest in Will

Charitable Remainder Trust

Beneficiary of a Life Insurance Policy  Charitable Lead Trust

Beneficiary of a Retirement Plan Donor Advised Fund

Cash Endowment Gift 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: My/our financial planner:

Phone: 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 • marketingjcf@jfedsnj.org

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

Please contact us at 856-673-2560, infojcf@jfedsnj.org, or visit www.jcfsnj.org for more information.