



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 Community Voice | <input type="checkbox"/> Temple Beth Sholom |
| <input type="checkbox"/> Congregation Beth Tikvah | <input type="checkbox"/> Jewish Federation of Southern New Jersey | <input type="checkbox"/> Temple Har Zion |
| <input type="checkbox"/> Congregation B'nai Harim | <input type="checkbox"/> Jewish Senior Housing & Healthcare Service (Lions Gate/Saltzman House) | <input type="checkbox"/> Temple Sinai |
| <input type="checkbox"/> Congregation B'nai Tikvah-Beth Israel | <input type="checkbox"/> Katz JCC | <input type="checkbox"/> Torah Links of South Jersey |
| <input type="checkbox"/> Congregation Kol Ami | <input type="checkbox"/> Kellman Brown Academy | <input type="checkbox"/> Young Israel |
| <input type="checkbox"/> Congregation Sons of Israel | <input type="checkbox"/> Politz Day School | Other: _____ |
| <input type="checkbox"/> Foxman Torah Institute | | _____ |
| <input type="checkbox"/> Jewish Community Foundation, Inc. | | _____ |

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 an initiative of 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 856-673-2528, infojcf@jfedsnj.org, or visit www.jcfnsj.org for more information.