

## Legacy Gift Confirmation



## To benefit future generations, I/we affirm that I/we have made the following legal arrangements for my/our gift.

Name(s)	Birthdate		
Address	City	St	Zip
Email	Phone		
$\hfill\square$ I/We wish to remain anonymous at this time (otherw	ise public acknowledgm	ent will be listed a	as above)
I/We intend for the following organization.  These gifts will be placed into a permanent end			
☐ Beth Chaim Reform Congregation	☐ Lubavitch of Bucks County		
☐ Congregation Shir Ami	□ Maccabi USA		
☐ Jack M. Barrack Hebrew Academy	☐ Main Line Reform Temple		
☐ JEVS Human Services	□ Temple Beth Hillel - Beth El		
☐ Jewish Federation of Greater Philadelphia	☐ Temple Beth Zion - Beth Israel		
☐ KleinLife	☐ Temple Sinai		
☐ Kosloff Torah Academy	☐ Other:		
Contacts: Next of kin, Attorney, Financial Ad	visor, Executor, or 1	Trustee for my	our gift is:
Name	Phone or Email		
Name	Phone or Email		
Name	Phone or Email		
Donor Signature	Date		
Donor Signature	Date		
My/Our commitment is within the following d  Beneficiary of Retirement Plan, Administered Beneficiary of Life Insurance Policy, Insurance  Cash Endowment Gift  Donor Advised Fund, Administered by  Gift in Will or Trust (can be percentage, residu  Gift that provides lifetime income (Charitable  Gift that provides income to heirs (Charitable Real estate, Personal property, Securities, Spe  Other:	by:  Company:  Ial, or specific amount)  Gift Annuity or Charita  Gift Annuity or Charita  cialty asset, Business Ir	ble Remainder T ble Lead or Rem	rust)

## PLEASE COMPLETE AND RETURN THIS FORM TO:

Sonya Aronowitz, Life & Legacy Coordinator, 215.832.0574, legacy@jewishphilly.org