

LEGACY GIFT CONFIRMATION



To benefit future generations, I/we declare this commitment to assure the continuity of Jewish services and programs in Broward County and I/we affirm that I/we have made the following legal arrangements for my/our gift:

Donor Information

Salutation (circle one) Mr./Mrs./Ms./Miss/Dr./Prof./Rabbi/Other _____ Date _____

Donor (1) Name _____ DOB (m/d/yr) _____

Donor (2) Name _____ DOB (m/d/yr) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Alternate Telephone: _____ Email: _____

I/We intend for the following organization(s) to benefit from my/our Legacy gift. Please show the percentage or amount of your gift to each organization:

- | | | |
|---|--|---|
| <input type="radio"/> B'nai Aviv | <input type="radio"/> Holocaust Documentation and Education Center | <input type="radio"/> Temple Beth Torah Sha'aray Tzedek |
| <input type="radio"/> Chabad Jewish Center | <input type="radio"/> Jewish Federation of Broward County | <input type="radio"/> Temple Dor Dorim |
| <input type="radio"/> Congregation Kol Tikvah | <input type="radio"/> Pembroke Pines Jewish Center | <input type="radio"/> Temple Kol Ami Emanu-El |
| <input type="radio"/> David Posnack Jewish Community Center | <input type="radio"/> Temple Bat Yam | <input type="radio"/> Young Israel of Hollywood |
| <input type="radio"/> Goodman Jewish Family Services | <input type="radio"/> Temple Beth Emet | <input type="radio"/> Other: _____ |

My/Our commitment is within the following document:

You are encouraged to share a copy of the gift arrangement for record keeping.

- | | |
|---|--|
| <input type="radio"/> Gift in Will or Trust (can be percentage, residual, or specific amount) | <input type="radio"/> Gift that provides lifetime income (Charitable Gift Annuity or Charitable Remainder Trust) |
| <input type="radio"/> Beneficiary of Retirement Plan, Administered by _____ | <input type="radio"/> Gift that provides income to heirs (Charitable Gift Annuity or Charitable Lead or Remainder Trust) |
| <input type="radio"/> Beneficiary of Life Insurance Policy, Insurance Company _____ | <input type="radio"/> Real estate, Personal property, Securities, Specialty asset, Business Interest |
| <input type="radio"/> Cash Endowment Gift | <input type="radio"/> Other _____ |

Attorney, Financial Advisor, Family Member, Executor, or Trustee for my/our gift is:

Name _____ Telephone or Email _____

Donor Signature _____ Date _____

Donor Signature _____ Date _____

Please return this form to:

Jewish Federation of Broward County
5890 South Pine Island Road, Davie, Florida 33328
Attn: Judy Levenson

For questions, please contact:

Judy Levenson, Director, Life & Legacy
954.660.2076
jlevenson@jewishbroward.org or visit jewishbroward.org