

Gift Formalization

To benefit the future of my/our Jewish community and the organizations I/we built and sustained during my/our lifetime, I/we declare this commitment to assure continuity of services and programs in Atlantic and Cape May counties, and affirm I/we have made the following legal arrangements for my/our Jewish Legacy gift

DONOR ONE	DONOR TWO
FULL NAME _____	FULL NAME _____
E-MAIL _____	E-MAIL _____
TEL _____ CELL _____	TEL _____ CELL _____
HOME ADDRESS: _____	

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

	\$	or	%		\$	or	%
<input type="radio"/> Avoda	_____		_____	<input type="radio"/> Milton & Betty Katz JCC	_____		_____
<input type="radio"/> Beron JOAS	_____		_____	<input type="radio"/> Seashore Gardens Living Center	_____		_____
<input type="radio"/> Beth Israel	_____		_____	<input type="radio"/> Shirat Hayam	_____		_____
<input type="radio"/> Board of Jewish Education	_____		_____	<input type="radio"/> Other organizations:	_____		_____
<input type="radio"/> Jewish Community Foundation	_____		_____	_____	_____		_____
<input type="radio"/> Jewish Family Service	_____		_____	_____	_____		_____
<input type="radio"/> Jewish Federation	_____		_____	_____	_____		_____

My/Our commitment is within the following document
 Please indicate amount or percentage of total commitment
 Please provide copies of pertinent pages to ensure your wishes

<input type="radio"/> Gift in Will or Trust <small>Can be percentage, residual, or specific amount</small>	<input type="radio"/> Gift providing lifetime income <small>Charitable Gift Annuity or Charitable Remainder Trust</small>
<input type="radio"/> Beneficiary of Retirement Plan <small>Administered by: _____</small>	<input type="radio"/> Gift providing income to heirs <small>Charitable Gift Annuity or Charitable Lead or Remainder Trust</small>
<input type="radio"/> Beneficiary of Life Insurance Policy* <small>Insurance Company: _____</small>	<input type="radio"/> Real Estate, Securities, other property
<input type="radio"/> Cash Endowment <small>*Whole Life or other permanent policy</small>	<input type="radio"/> Other (please specify) _____

Please complete other side...

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My/Our estate attorney is:

_____ Telephone _____
_____ E-mail _____

My/Our financial advisor is:

_____ Telephone _____
_____ E-mail _____

My/Our executor, family member, or trustee is:

_____ Telephone _____
_____ E-mail _____

Please provide the following language to your estate planner:

To Jewish Federation/Foundation of Atlantic & Cape May Counties of Margate, New Jersey,
tax payer identification number 21-0632971, I/we give (____ % of my estate/the sum of \$ _____)

I/We would like my/our LIFE & LEGACY fund in Jewish Community Foundation to be named:

Name must include the words LIFE & LEGACY Fund

Donor Signature _____ Date _____

Donor Signature _____ Date _____

PLEASE COMPLETE & RETURN TO A LIFE & LEGACY™ PARTICIPATING ORGANIZATION, OR TO:

Roberta S. Clark, Executive Director
Jewish Community Foundation
501 N Jerome Avenue
MARGATE NJ 08402
roberta@jewishbytheshore.org
(609) 822-4404 ext. 150