

Confirmation of Commitment



I/We have **also** made provisions, **and will complete a separate form**, for a legacy gift to the following community partner organization(s):

- Adath Shalom
- Bnai Keshet
- Congregation Agudath Israel
- Congregation Beth Israel, Scotch Pl
- Congregation B'nai Israel, Millburn
- Congregation Ohr Shalom-Summit JCC
- JCC of Central NJ
- Jewish Family Service, Central
- Jewish Family Service, MetroWest
- Jewish Service for the Developmentally Disabled
- Morristown Jewish Center Beit Yisrael
- Mt. Freedom Jewish Center
- Oheb Shalom Congregation
- Temple Beth Ahm Yisrael
- Temple Beth O'r Beth Torah
- Temple Beth Shalom
- Temple Beth-El Mekor Chayim
- Temple B'nai Or
- Temple Emanu-El, Westfield
- Temple Sinai, Summit
- YM-YWHA of Union County
- Other _____

Please return this form to the organization(s) you designated or to:

Karen Secular, Program Manager
Jewish Community Foundation
901 Rt. 10, Whippany, NJ 07981
973-929-2918
ksecular@jfdgmw.org

Thank you for taking this beautiful step to secure a strong Jewish future.

I/we _____ have made provisions for a legacy gift to _____.

My/Our gift is in the approximate amount of \$ _____, **OR** _____% of my/our estate or plan, and was completed through (check a box, please):

- Bequest/Will
- Retirement Plan Assets (e.g., 401(k), IRA)
- Estate or Business Interest
- Life Insurance
- Charitable Remainder Trust
- Other _____

(Please Print Clearly or Type)

Donor Name _____ Date of Birth _____

Donor Name _____ Date of Birth _____

Name(s) as you wish them to appear for formal recognition (without titles) _____

Street Address _____

City, State, Zip _____

The BEST phone number(s) to reach you. Please indicate cell or home. _____

Email Address or Addresses _____

Please check all that apply:

- You have permission to **recognize me/us publicly** (without gift type or amount)
- I/We would like our gift to remain **anonymous** at this time.
- I/We understand that you will inform the **designated organizations** of this gift.
- Please have a Jewish Community Foundation staff member contact me for a confidential conversation regarding my legacy gift.

I/We understand that this commitment is revocable and may be modified at my/our discretion. I/We will endeavor to notify the recipient organization(s) accordingly.

Donor Signature _____ Date _____

Donor Signature _____ Date _____

Recipient Organization Representative Signature _____ Date _____

