



Legacy Gift Confirmation/Formalization Form

I/We _____, of _____,
(Name/s) (City) (State)

Confirm that I/we have legally provided for my/our commitment to the LIFE & LEGACY™ Program of the Greater Phoenix community for the benefit of the following organizations which will be held at the Jewish Community Foundation of Greater Phoenix (Tax ID # 47-0874376):

LIFE & LEGACY COMMUNITY PARTNER ORGANIZATIONS (please check off all that apply):
(If you prefer, you may fill out multiple copies of this form and give to each organization you designate)

- Arizona Jewish Historical Society
- Congregation Or Tzion
- East Valley Jewish Community Center
- Hillel Jewish Student Center at ASU
- Jewish Federation of Greater Phoenix
- Jewish Family & Children’s Service
- Jewish Free Loan
- Minkoff Center for Jewish Genetics
- Pardes Jewish Day School
- Temple Chai
- Temple Emanuel of Tempe
- Temple Kol Ami
- Valley of the Jewish Community Center

I/We affirm that I/we have made appropriate legal arrangements to assure that this will be accomplished according to my/our wishes. My/Our legacy gift in the approximate amount of \$ _____ or _____% has been acknowledged within the following document:*

****Please provide a copy of the pertinent pages to make sure that your wishes are met.***

- Last Will & Testament or Living Trust
- IRA or other Retirement Plan—Administered By: _____
- Life Insurance Policy—Insurance Company: _____
- Fund established at the Jewish Community Foundation—Name & Type: _____

- Charitable Remainder Trust/Charitable Lead Trust
- Charitable Gift Annuity (CGA)
- Real Estate or Business Interest
- Other (please describe): _____

If you have not filled out a Declaration of Commitment form, please complete the following information in this box:

Please check all that apply:

- I/We understand that this **commitment is revocable and may be modified at my/our discretion**. I/we endeavor to notify the recipient organization(s) accordingly.
- I/We understand that you will inform the **additional designated organization(s)** of this gift (if applicable).
- I/we would like to remain **anonymous** at this time.
- You have my permission to **recognize me/us publicly in all LIFE & LEGACY™ marketing materials** (without disclosing gift details).
- Please have a Jewish Community Foundation staff member contact me/us regarding **completing my/our page in the Endowment Book of Life**

Names for Formal Recognition (unless otherwise note, couples listed as Wife & Husband Last Name)

Street Address

City, State ZIP

Home Phone

OR

Mobile Phone

Email

Donor Signature

Date of Birth

Date

Donor Signature

Date of Birth

Date

OPTIONAL: Assistance to provide for my legacy commitment given by (please designate adviser):

My/Our estate planning attorney is:

Contact Information:

My/Our financial planner is:

Contact Information:

Other (family member, executor, trustee)

Contact Information:

Please complete & return this form to:

Rachel Rabinovich

Jewish Community Foundation of Greater Phoenix

12701 N. Scottsdale Road, Suite 202

Scottsdale, AZ 85254

480-481-1785 | rrabinovich@jcfphoenix.org