



Legacy Gift Confirmation/Formalization Form

I/We		, of,		
	(Name/s)		(City) (State)	
Gr	nfirm that I/we have legally provided for my/our cor eater Phoenix community for the benefit of the follo nter for Jewish Philanthropy of Greater Phoenix (<i>Jew</i>	wing o	organizations which will be held at the	
-	Life & Legacy Community Partner Organ ou may complete multiple copies of this form to give to ead ditional information about your legacy gifts in the space be	ich ben		
	Arizona Jewish Historical Society Beth El Phoenix Beth Joseph Congregation Bureau of Jewish Education Center for Jewish Philanthropy of Greater Phoenix Congregation Or Tzion East Valley Jewish Community Center Gesher Disability Resources Hillel at ASU Jewish Family & Children's Service Jewish Free Loan		National Council of Jewish Women Arizona Minkoff Center for Jewish Genetics Pardes Jewish Day School PJ Library Temple Chai Temple Emanuel of Tempe Temple Kol Ami Valley Beit Midrash Valley of the Sun Jewish Community Center Yeshiva High School of Arizona	
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 use this space to provide any additional details about your legacy gift(s):				
	Last Will & Testament or Living Trust IRA or other Retirement Plan—Administered By: Life Insurance Policy—Insurance Company: Fund established with CJP's Jewish Community Foundat			
	Cash Gift: Please make check payable to Jewish Community Found Charitable Remainder Trust/Charitable Lead Trust Charitable Gift Annuity (CGA) Real Estate or Business Interest Other (please describe):			

^{*}Please provide a copy of the pertinent pages(s) to ensure your wishes are met.

If you have not filled out a Declaration of Commitment form, please complete the following information in this box:				
Ple	ease 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 the additional designated organization(s) I/we choose to support will be notified of my/our gift.			
	I/we would like to remain anonymous at this time.			
_				
_	disclosing gift details).			
	I/we would like to learn more about completing my/our page in the Endowment Book of Life			
Names for Formal Decognition (value otherwise asternovals listed as Wife 9 Unshand last Name				
Names for Formal Recognition (unless otherwise note, couples listed as Wife & Husband Last Name				
Stro	eet Address	City, State ZIP		
300	eet Address	City, State 21r		
	me Phone OR Mobile Phone	Email		
поі	THE PHOTE ON MODILE PHOTE	EIIIdii		
Dor	nor Signature Date of Birth	Date		
Dor	nor Signature Date of Birth	Date		
Ass	sistance to provide for my legacy commitment given by (please p	rovide as much information as possible):		
Na	ame of my/our estate planning attorney	Contact Information		
Na	ame of my/our financial planner	Contact Information		
Ot	her (family member, executor, trustee)	Contact Information		
Before returning this form, please print, sign and date it.				
Return the completed form to				
Rachel Rabinovich, Life & Legacy Program Director				
Center for Jewish Philanthropy of Greater Phoenix 12701 N. Scottsdale Road Suite 202 Scottsdale, AZ 85254				
	0 401 1705			

Together, we assure Jewish tomorrows in our community. Thank you.

lifeandlegacy@phoenixcjp.org