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 Center for Jewish Philanthropy of Greater Phoenix (*Jewish Community Foundation Tax ID # 47-0874376):*

Life & Legacy Community Partner Organizations (please check all that apply):

(You may complete multiple copies of this form to give to each benefitting organization or you may provide additional information about your legacy gifts in the space below)

- ❑ ***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 Community of Sedona and the Verde Valley Synagogue***
- ❑ ***Jewish Family & Children's Service***
- ❑ ***Jewish Free Loan***
- ❑ ***Minkoff Center for Jewish Genetics***
- ❑ ***National Council of Jewish Women Arizona***
- ❑ ***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 Foundation—Name & Type:_____
  _____
- ❑ Cash Gift: Please make check payable to Jewish Community Foundation and provide name of the benefiting organization
- ❑ 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:

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 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.
- ❑ You have my permission to **recognize me/us publicly in all Life & Legacy marketing materials** (without disclosing gift details).
- ❑ I/we would like to learn more about **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

Assistance to provide for my legacy commitment given by (please provide as much information as possible):

Name of my/our estate planning attorney Contact Information

Name of my/our financial planner Contact Information

Other (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
480.481.1785
lifeandlegacy@phoenixcjp.org

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